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ABSTRACT

This manual provides information on autism to enable Colorado parents and educators to recognize early symptoms in children and to provide for early intervention. Section 1 of the manual provides an introduction to the Colorado Autism Task Force, lists participants in the task force, explains the guiding principles for development of educational services for children with autism, and lists members of the Colorado Board of Education. Section 2 provides an introduction to Autism Spectrum Disorder, the federal definition of autism, Colorado eligibility criteria for autistic disorders, and possible early indicators of autism. The following section discusses recommended training components for service providers and families and intervention approaches for autism. An annotated bibliography on resources on autism is provided, along with a list of national contacts and references on autism in young children, Colorado autism resources, on-line resources, books and literature, and a glossary of terms. Section 4 discusses funding resources, including Medicaid and health insurance. The final section provides Colorado general special education information. This section includes a communication log form, an explanation of educational rights for parents in English and Spanish, a legal center order form, and parent publications listing different resources. (CR)

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The
Colorado Autism Manual
for
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Service-Providers
and
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Developed by the Colorado Autism Task Force
June, 2000

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The Colorado Autism Manual for Teachers, Service-Providers and Parents

Developed by the Colorado Autism Task Force
June, 2000

Table of Contents

Section 1: Introduction to the Autism Manual
Introduction to the Colorado Autism Task Force
Participants in the Colorado Autism Task Force
Guiding Principles for Development of Educational Services for Children with Autism
Colorado Board of Education

Section 2: Introduction to Autism
Introduction to Autism Spectrum Disorder
The Federal Definition of Autism
Colorado Eligibility Criteria for Autism
DSM-IV Criteria for Autistic Disorder
Possible Early Indicators of Autism

Section 3: National and State Autism Resources
Recommended Training Components for Service-Providers and Families
Intervention Approaches to Autism Spectrum Disorder
Annotated Bibliography on Autism Spectrum Disorders (NEC*TAS)
National Contacts and References on Autism Spectrum Disorder in Early Childhood (NEC*TAS)
Colorado Autism Resources
On-Line Resources
Books and Literature
Glossary of Terms

Section 4: Funding Resources
Medicaid
Health Insurance

Section 5: Colorado General Special Education Information
Communication Log
Educational Rights for Parents (in English and Spanish)
Legal Center Order Form
PEAK Publications
Start Here! A Guide to Resources and Services for Families of Children with Disabilities
Planning Matrix
Other brochures and publications

Introduction to the Colorado Autism Task Force

The Colorado Autism Task Force is composed of individuals representing the Colorado Department of Education, school administrators and teachers, academic professionals, service providers, parents of children with autism, advocates for children with autism and individuals who have autism. The goal of the Task Force is to establish guidelines for the education of people with autism in the state of Colorado.

The first meeting of the Task Force was held in October of 1998, at which time the following goals were established. The goals were to:

- Establish greater public awareness of autism in general.
- Establish the foundation for a network of statewide resources regarding autism.
- Provide information about services to parents and service providers.
- Identify guidelines for measurable educational and instructional goals that can be used by members of the education community for serving children with autism.
- Establish a set of guiding principles for serving children with autism.
- Establish a set of guiding principles for the training of educational service providers and parents.

This manual was developed to provide a range of resources and choices for educators, parents and/or advocates of students who have autism. The information in this manual was compiled with input from many individuals who parent, teach and work with children with autism; their assistance and insights were invaluable.

It should be noted that the Colorado Department of Education does not endorse any one strategy or methodology that is included in this manual.

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Guiding Principles for the Development of Educational Services for Children with Autism

The Colorado Autism Task Force has adopted several guiding principles that are reflected in this document. The Task Force strongly recommends and advocates that:

- There be collaboration between family and educational systems for the benefit of the child.

- The child's (and parents') culture(s) be recognized and respected.

- Services and supports for the child be individualized.

- Services and supports be based on experience and research that meet recognized scientific and academic standards (i.e., academic peer review).

- Each child be taught with a curriculum that is age-appropriate, individually appropriate and culturally appropriate.

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Introduction to Autism Spectrum Disorder

The Colorado Autism Task Force has adopted an operational definition of autism for the purpose of creating guiding principles for serving children with autism. The *Diagnostic and Statistics Manual of Mental Disorders* (DSM-IV) includes five subcategories of autism:
- Autistic Disorder
- Pervasive Development Disorder
- Asperger's Disorder
- Rett's Disorder
- Childhood Disintegrative Disorder

Based on the DSM-IV, the term “autism” is broadly used in this manual to refer to the spectrum of autism, which includes the following general characteristics:
- Difficulties in social interaction,
- Difficulties in communication, and
- Restricted, repetitive and stereotyped patterns of behavior, interest and activities.

The Federal Definition of Autism

The Individuals with Disabilities Education Act (IDEA) defines autism as "A developmental disability significantly affecting verbal and non-verbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance.”

Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movement, resistance to environmental change or change in daily routine, and unusual responses to sensory experiences. The term autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance.

Colorado Eligibility Criteria for Autism

School districts in Colorado may use the IDEA educational eligibility criteria to determine a child's eligibility for special education services. The disability "autism" is a subcategory of "physical disability " in Colorado.

School district personnel who suspect that a child may have autism are responsible for informing the child's parent(s) of the suspected disability. Observations that led the assessment team to this conclusion should be discussed. The school district should also inform the parents of their choice to seek a medical evaluation. However, a medical evaluation is not required for determining educational eligibility for special education services.

DSM-IV Criteria for Autistic Disorder

A. A total of six (or more) items from (1), (2), and (3), with at least two from (1) and one each from (2) and (3):

(1) qualitative impairment in social interaction, as manifested by at least two of the following:
  (a) marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
  (b) failure to develop peer relationships appropriate to developmental level
  (c) a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out items of interest)
  (d) lack of social or emotional reciprocity

(2) qualitative impairments in communication as manifested by at least one of the following:
  (a) delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
  (b) in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
  (c) stereotyped and repetitive use of language or idiosyncratic language
  (d) lack of varied, spontaneous make-believe play or social imitative play appropriate to the developmental level

(3) restricted repetitive and stereotyped patterns of behavior, interests and activities, as manifested by at least one of the following:
  (a) encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
  (b) apparently inflexible adherence to specific, nonfunctional routines or rituals
  (c) stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
  (d) persistent preoccupation with parts of objects

B. Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years: (1) social interaction, (2) language as used in social communication, or (3) symbolic or imaginative play.

Source: *Diagnostic and Statistical Manual of Mental Disorders*, DSM-IV. American Psychiatric Association, 1994.

Possible Early Indicators of Autism

Possible early indicators of autism are listed here. The young child who has autism:

1. May appear to be deaf. Does not have typical startle response. Does not turn when you come into the room. Seems unaware of sounds in the room, etc.
2. May be an extremely "good" baby — seldom cries, is not demanding, seems very content to be alone *OR* is a very fussy, colicky baby — cries a lot, has sleep problems, is not easily comforted.
3. May "hand-gaze," look at lights through fingers, or have other self-stimulatory behavior.
4. May be a fussy eater.
5. Does not have anticipatory response. Does not extend his/her arms to be picked up. Does not seem to want to be held.
6. Seems to avoid actively looking at people.
7. Seems to "tune out" a lot. Is not aware of what is happening around him/her.
8. Wants things to "stay the same." May have difficulty adapting to winter coat or boots. Wants to wear the same clothes. Does not want furniture or toys to be "out of place."
9. Does not begin to talk or use words in a communicative way at the appropriate age. Fails to develop language or uses echolalic speech without really understanding the meaning of the words.
10. Often seems to be a perfectionist. Wants everything to be "just right." If he/she tries to make something work and it does not, he/she gets upset and will quit, or will get angry and refuse to try the activity again.
11. Often has "splinter skills" in areas like music, or can do puzzles extremely well, or has excellent gross motor skills, or is very interested in numbers and letters.
12. May have very high tolerance for pain. May get hurt but not come to an adult for comfort.
13. May become very upset by changes in routine.
14. May not spontaneously imitate the play of other children.
15. May have difficulty applying information from one setting to another.
16. May experience extreme sensory sensitivity.

Source: Minnesota Autism Network

Recommended Training Components for Service Providers and Families

Written by the Colorado Autism Task Force's Training and Strategies Subcommittee. Members are: Eileen Balcerak, Robin Brewer, Tesa Bunsen, Rosemary Cullain, Kathryn Daniels, Laura Douglas, Barbara Malone, Cynthia Rose, Pat Rydell, Marietta Sears and Phil Strain.

Purpose

The purpose of this document is to create a set of guidelines for identifiable educational strategies that should be familiar to administrators, teachers, service providers, parents, physicians and other agency personnel who provide services to children with autism. These guidelines are viewed by the Colorado Autism Task Force as appropriate outcomes for an educational program for a child who has autism.

It is hoped that these guidelines will assist school district personnel as they develop training for regular and special education teachers, paraprofessionals and related service-providers.

Guiding Principles for Training Service-Delivery Providers and Parents

(Note: In order to implement the following guiding principles effectively, the Colorado Autism Task Force believes that a state-level action plan is necessary to delivery and monitor services.)

Training for service-providers and parents should be comprehensive and should:

- Utilize a variety of educational, instructional approaches.
- Involve all individuals who are part of the educational program for the child, including — but not necessarily limited to — school district personnel, administrators, teachers, academic professionals, service providers, parents, advocates, etc.
- Use a variety of training strategies to reach people with different learning styles.
- Contain designs to incorporate different levels of expertise.
- Be implemented in a responsive and timely manner.
- Include a team approach to training.
- Include ongoing training and support.
- Be monitored for effectiveness through periodic evaluations.

The Meaning of "Training and Strategies" and "Learner Outcomes"

The term "training," as used in this document, refers in general to the various ways of imparting information to educate individuals so that they can help educate others. All forms of media may be used for this purpose. More specifically, such media may include (but is not limited to) the following strategies for the training of "learners."

It is understood that any and all "learner outcomes" may involve using as few as one, or as many of all, of the following training media:

1. Model demonstration projects - case
2. Teacher - teacher model
3. Consultant "expert" model
4. 1-800 number for problem-solving
5. Distance learning
6. Audiotapes and videotapes
7. Internet access
8. Literature and written materials
9. Resource library
10. Lectures and workshops
11. On-site demonstrations
12. Mentoring
13. Conferences
14. Role-playing
15. Parent interviews
16. Hands-on direct instruction
17. Group instruction
18 "Training of trainers" model

The term "strategies" in this document refers in general to the different approaches available in educating any individual or group of individuals. More specifically, the term reflects particular approaches used to teach children with autism, such as structured teaching, facilitated play, peer-mediated learning, discrete trial training and so on.

The term "learner" refers in general to any individual receiving instruction with a particular outcome in mind. More specifically, the term reflects any and all individuals involved in the education of children with autism spectrum disorders. This may include parents, teachers, paraprofessionals, related service-providers, consultants, etc.

The term "outcome," as used in this document, refers in general to the goals and objectives of instruction. More specifically, the term reflects particular goals and objectives associated with the education of children who have autism spectrum disorders.

Assessment and Planning Strategies

This section suggests "learner outcomes" that would enable a learner to gather information about a child suspected of having autism, and to plan an individual educational program to meet the child's needs.

1. Use child profiles that look at strengths, interests and needs

   The learner will be able to integrate information from comprehensive child profiles in order to make informed decisions regarding the content of curricula and intervention practices appropriate to each child.

2. Incorporate family input in the IEP/IFSP process

   The learner will be able to arrange processes that reflect a broad range of family priorities in designing the goals and objectives of the child's IEP or IFSP.

3. Determine the child's motivational interests and needs

The learner will be able to reliably assess a child's reinforcer preferences and any sensory-related preferences that may influence choice of teaching strategies.

4. Establish clear goals

The learner will be able to utilize assessment data and IEP/IFSP team input to assist in developing clear goals and measurable objectives for a child's educational program.

5. Design meaningful curriculum

The learner will be able to design a curriculum for a child that is individualized, functional, measurable and directly referenced to the IEP. On any given day or intervention period, the teaching goals should be clearly evident from observing teacher-child interactions.

6. Practice authentic assessment

The learner will be able to design and implement assessment processes to identify children with autism and develop an IEP/IFSP for each child. The learner will also be able to design and implement ongoing monitoring that focuses on real-world environments, typical interaction patterns among peers and between adults and children, and skills that directly affect the child's level of independence.

7. Employ formal and informal assessments

The learner will be able to select and implement a variety of assessment strategies ranging from standardized and non-standardized testing strategies to play-based assessment to direct observation.

8. Use choice of learning styles

The learner will be able to design and implement brief teaching assessment situations that help the team pinpoint particular intervention strategies (for example, using visual cues) that facilitate learning for a particular child.

9. Develop the IEP/IFSP goals and objectives

The learner will be able to: a) directly translate assessment information into goals and objectives; b) write goals and objectives that are measurable; c) write goals and objectives that are functional; d) imbed goals and objectives across all relevant environments; and e) monitor goals and objectives, and revise instruction accordingly.

10. Write transition plans

The learner will be able to design and implement transition plans that: a) allow families the time and resources to explore and select next environments; b) allow future service providers to see effective practices in action; c) seek to develop a seamless organization of services; and d) assure the maintenance of effective practices for the individual child.

11. Employ strategies for evaluation of IEP goals and objectives

The learner will be able to design and implement a variety of strategies for evaluating IEP goals and objectives, including: a) rating scales; b) observations based on frequency , duration or amplitude of behaviors; c) observations based on correct responding, errors and adult prompts; d) observations based on level of independent performance; and e) interviews with key informants (families, teachers, peers).

12. Understand issues related to identification

The learner will be aware of ethical implications and obligations of identifying a child suspected of having autism. The learner will be aware of the process for helping families gain access to community resources and supports.

Environmental and Classroom Arrangements

This section suggests learner outcomes for utilizing environmental/classroom modifications to enhance a child's progress within the classroom, home and other environments.

1. Employ visual strategies

The learner will have an understanding of how to employ visual strategies in the classroom that would allow him/her to: a) establish consistent and predictable routines; b) facilitate effective transitions between tasks and activities; c) teach receptive and expressive language more efficiently; and d) establish clear classroom rules and expectations.

2. Use techniques of structured teaching

The learner will utilize techniques of structured teaching: a) with a clear beginning, middle and end; b) that is designed with visual clarity; c) that is designed with a clear visual organization; and d) that modifies teaching strategies based on task analysis and functional assessments.

3. Use consistency in designing the learning environment

The learner will also benefit from the designs of a learning environment that provides: a) predictability of expectations across persons, places and circumstances; b) consistency of curriculum and content; and c) consistency of instructional strategies.

4. Monitor and modify environmental stimuli

The learner will be able to systematically evaluate and modify the learning environment to monitor and reduce environmental stimuli leading to sensory overload in visual, tactile, auditory, and the domains of proximity and interpersonal space.

Program and Organizational Issues

This section suggests "learner outcomes" related to developing and organizing an educational program for a child with autism.

1. Supervise paraprofessionals and other educators in the environment

   The learner will be proficient at supervising paraprofessionals and related service-providers in the workplace. The learner will be able to clearly define job descriptions, provide feedback and evaluation, and help to resolve conflict.

2. Apply creative problem-solving experiences

   The learner will be able to proficiently use a statewide networking system to solve problems, seek strategies or request information regarding specific questions or concerns.

3. Access regional training opportunities

   The learner will be able to obtain information about training opportunities and know how to gain access to related resources and supports.

4. Understand general education curriculum standards and learning

   The learner will learn a variety of strategies or "allowable" accommodations that help students to demonstrate proficiencies on district-adopted standards, modified standards or alternative curriculum.

   The learner will learn how to utilize the concept of curriculum compacting and differentiated instruction.

   The learner will be familiar with prioritized standards, grade-level proficiencies and/or benchmarks in which they instruct, as well as the grade level proficiencies and/or benchmarks directly above and below that grade level of instruction.

   The learner will understand the decision-making process involved in determining how students gain access to Colorado mandated standards and the general curriculum.

Data Collection, Analysis and Program Changes

This section suggests "learner outcomes" that are related to measurement of student performance according to specific educational programs. The process involves measurement of behavior (i.e., data collection), the interpretation of measured behavior (i.e., data analysis), and modification of previously measured behavior (i.e., program changes).

1. Design student progress measurement systems

   The learner will be knowledgeable about systems of data-collection appropriate to particular educational programs for a child with autism.

   The learner will demonstrate familiarity, competence and accountability in recording program-appropriate data, including qualitative (e.g., "field notes" for interactive play sessions) and quantitative (e.g., "discrete trial ") data-recording methods.

2. Conduct assessment and evaluation

   The learner will be familiar with basic data "sampling" techniques, and with the meaning of "validity" and "reliability" as those terms apply to gathering specific data for each program.

The learner will be able to interpret the data gathered in any particular program for a child with autism.

The learner will be familiar with the language (i.e., terms) of assessment and evaluation.

The learner will be able to converse using program-specific language to express the nature of current performance issues, particular assessments and evaluations.

The learner will be able to recognize changes in performance based on gathered data, and make clear whether or not program changes are called for (for example, recognizing a "stagnating" program where no progress is being made).

The learner will demonstrate knowledge of a variety of standardized and non-standardized testing tools, will be able to explain when and why such specific tools are appropriate for each child, and will know what such assessment tools may indicate.

3. Use data-based decision-making

The learner will be able to make informed and effective decisions regarding an educational program for a child with autism by comparing and contrasting that program data with other data previously gathered for that child in same or similar programs.

The learner will be able to interpret and use data gathered in programs for a child with autism to effectively manage the child's curriculum on a day-to-day basis, and thus make timely, informed and effective program changes as required.

Collaborative Systems Education

This section suggests "learner outcomes" that are related to the understanding of the importance of working with multiple systems, professionals and family members to achieve optimum decision-making and communication regarding services and interventions for individuals with autism.

1. Proactive home-school communication: communication across home community, school, and environment

The learner will be proficient in building positive relationships with parents and family members, using communication strategies that encourage positive interactions such as raising questions for reflection, using reflective listening techniques, offering alternatives and participating in decisions, generating strategies to achieve goals, addressing parents' concerns, exploring all options including other programs and agencies, and involving parents in establishing a home-school communication system.

2. Collaborative working relationships with all providers: skills in working with other professionals and parents:

The learner will have effective communication skills for working on an interdisciplinary team. The learner will also have knowledge: of the team processes and team development, of all options including other programs and agencies, of roles and responsibilities of team members, of the roles of other agencies, and of community fiscal resources and how to access them. In addition, the learner will have consultation skills that will enable him/her to provide information and support to other professionals and parents.

3. Active family participation

   The learner will be proficient in building on the strengths that families bring to the process, establishing prioritized goals with families; identifying family strengths, capabilities and styles; utilizing strategies such as home visits, parent training, flexible scheduling, social events and consultation to support the family at home and in the community; and including families in initial and ongoing program development.

4. Flexibility and openness to new ideas

   The learner will become proficient in understanding and using a problem-solving process that fosters optimism, alternates between divergent and convergent thinking, defers and engages evaluation of ideas at different stages in the process, and requires the team to act upon their ideas, (to be used to make on-going decisions by the education team to address curriculum modifications and standards). This goal is to be evaluated by the instructor through a variety of assignments and products.

5. Proactive medical support

   The learner will be knowledgeable about the role and responsibility of medical professionals, educators and related service providers, and should be familiar with medical concerns (diagnosis, health, nutrition and pharmacological treatments, etc.), and effective collaboration strategies.

   The learner will learn how to assess the child's needs and know how to disseminate information to the medical community.

Generic Instructional Strategies

This section suggests "learner outcomes" that are related to intervention strategies needed by teachers, parents and other persons working with individuals with autism. The learner's proficiency for all outcomes will be evaluated by the instructor through a variety of assignments and products.

1. Sensory Integration Strategies:

   The learner will be proficient in understanding the definition of sensory integration development and delays, will understand fine and gross motor development and interventions, and will have knowledge of sensory input and how to effectively use sensory integration activities in the classroom and routines.

2. One-on-one teaching:

   The learner will be proficient in child observation skills and appropriate use of professionals in the classroom. The learner will also be skilled at adapting curriculum and materials for individual children, writing individualized goals and objectives, and using effective measurement and date collection methods to document progress.

3. Information and skills to address needs

   The learner will be able to access resources for maintaining and improving skills, (i.e., periodicals, workshops, conferences, internet resources, videos, etc.).

4. Functional skills imbedded within routines: teaching within natural settings: incidental teaching

The learner will be proficient in child observation skills, able to utilize the concept of teachable moments, and knowledgeable about constructing environments that are conductive to functional skills training throughout every aspect of the child's schedule.

5. Curricular adaptation and modification

The learner will be proficient in using a variety of techniques, strategies and materials to make necessary accommodations for individual children, in using assistive technology when appropriate for augmentative communication (including high- and low-tech methods), and in adapting materials as needed to meet the specific needs of children.

6. Normal development

The learner will be proficient in understanding child behavior based on knowledge of sequential patterns of development across domains (i.e. communication, motor, cognitive, social and adaptive) and knowledgeable about the interaction between domains in the development of young children.

7. Build on strengths

The learner will be proficient in recognizing the strengths that children bring to the learning situation, utilizing these strengths to reinforce and maintain previously learned skills, and to build on these strengths when teaching new skills.

8. Positive behavioral approaches for difficult behavior

The learner will be proficient in understanding and implementing a variety of positive behavioral approaches that represent current behavioral practices, including but not limited to functional analysis of behavior, behavior as communication, knowledge and use of prevention strategies, knowledge and use of teaching replacement behavior, incentives to encourage positive behaviors and logical and natural consequences.

9. Differential instruction to meet individual needs

The learner will demonstrate knowledge regarding the principles of differentiated instruction and how learning is impacted by variables including but not limited to: grouping practices (individual, small group and whole group instruction), independence, variety of materials and resources, task analysis, frequency and degree of teacher support, learning styles and choice-making.

10. Intentional teaching to increase flexibility and independence for learners

The learner will demonstrate knowledge of a variety of strategies that encourage independence and flexibility through the use of environmental supports such as predictable and consistent routines, individual student and classroom picture schedules, transition markers/objects (visual and auditory), physical structure of the classroom, and varying routines.

11. Blend best practices with behavioral intervention and standards

The learner will be familiar with behavioral/social standards and will be able to address the standards through the IEP process.

12. Consistency of instruction

The learner will demonstrate the ability to use a process that describes: the sequence of what the teacher will do (define the objective, equipment/materials, environmental arrangement and teaching procedure); what the student will do (target behavior); and the consequences (correct and incorrect responses).

13. Purposeful generalization

The learner will demonstrate the ability to structure teaching/learning situations that promote generalization of learned skills across a variety of settings (including social situations), people and materials.

14. Discrete trial training

The learner will demonstrate the ability to teach discrete skills using an antecedent (what the instructor will say and/or do), behavior (the student's response) and consequence (the adult's response) format.

15. Task analysis

The learner will demonstrate the ability to breakdown, sequence and teach (using strategies such as shaping, prompting and chaining) the component steps and skills of a task based on task demands and student performance.

16. Errorless learning

The learner will demonstrate the ability to teach a skill by using errorless learning techniques, which structure tasks for student success and reinforce successive approximations toward the target behavior (shaping).

17. Cooperative groups

The learner will demonstrate the ability to structure learning experiences using the principles of cooperative learning groups.

18. Social skills training

The learner will demonstrate the ability to assess a child's behavioral deficits and excesses that negatively influences his/her social interaction with peers. Based on this assessment information, the learner will be able to design an individualized social skills program that results in an increase in positive peer interactions, friendships and connections with other children.

19. Positive behavioral support plans

The learner will demonstrate the ability to utilize both interview and observational methods to determining the function or purpose underlying children's challenging behavior. Based upon an understanding of specific functions, the learner will be able to design an intervention strategy that permits the child to have his/her needs met through socially acceptable alternative behaviors.

20. Assistive technology and augmentative communication

The learner will demonstrate the ability to make appropriate referrals to the augmentative communication team and assist in the evaluation of students who may benefit from assistive technology. The learner will become familiar with a variety of low-tech strategies and high-tech devices and be able to incorporate the use of augmentative communication in the daily tasks of the student with autism.

21. Futures/individualized planning

The learner will demonstrate the ability to facilitate a broad group of individuals to articulate the long-range vision that describes critical outcomes in adulthood (for example, where the person lives, where and how the person will work, with whom he/she will interact, etc.)

22. Applied behavior analysis

The learner will demonstrate the ability to systematically use small, measurable units of behavior to teach the individual with autism by employing behavior modification techniques. The learner will demonstrate the ability to collect comprehensive data collection according to specific, objective definitions and review. The learner will also demonstrate understanding of the behavioral and neurology basis for autism, and will be able to utilize a specific, carefully programmed approach that initially focuses on constructive interactions in a one-to-one environment, and later focuses on less structured situations.

23. Facilitated play

The learner will demonstrate the ability to assess all aspects of child development through the medium of play and recognize the neurodevelopmental differences specific to autism (e.g., social/communication, attention, cognitive, imitation, sensory integration and fine and gross motor abilities) that often interfere with play activities. The learner will be able to support children with autism in the promotion of play skills.

Transition Outcomes

This section suggests "learner outcomes" related to developing and organizing a transitional program for a child with autism.

1. Workplace competencies

   The learner will demonstrate the ability to infuse workplace competencies into the academic content areas and the transition planning process to develop the work-related skills of students.

2. Knowledge of community resources and referral procedures

   The learner will demonstrate knowledge of community agency resources and the referral procedures required to link students with community supports.

3. Vocational assessment strategies

   The learner will demonstrate the ability to utilize vocational assessment strategies in the transition planning process to develop goals and strategies appropriate for the student.

4. Community-based learning experiences

   The learner will demonstrate the ability to develop and utilize community-based learning experiences for students to facilitate the development of vocational and life skills.

Intervention Approaches to Autism Spectrum Disorder

The following descriptions are not exhaustive, but represent approaches used in Colorado.

Activity Based Intervention
Rocky Mountain Autism Services
Dr. Patrick Rydell, Director
303-971-9277
rydell@ecentral.com

The Activity Based Intervention (ABI) approach suggests that interventions should be grounded within normal child development and be provided systematically within both naturalistic and structured learning settings. Assessments and interventions are provided using a multidisciplinary team approach. Program content, goals, instructional strategies and intensity of programming are based on individualized assessments of developmental level, strengths/learning style, and child/family needs within a balance of adult- and child-initiated interactions.

ABI intervention is primarily provided within naturally occurring environments, incorporating a continuum of settings from one-on-one small groups to large group interventions. Emphasis is on normal peer-mediated interactions. Skills are taught and maintained across persons, places and circumstances, with a focus on providing intrinsically motivating and naturally occurring reinforcements and contingencies. Structured learning opportunities are incorporated throughout the day to assist in the development of skills that are directly related to, and infused within, the child's natural routines during other parts of the day.

Challenging behaviors are addressed using a functional assessment approach by a) attempting to understand the intent of the unconventional behaviors, with b) subsequent replacement of more conventional means of interaction, and c) the adaptation of the extrinsic or environmental variables to lead to more successful interactions. Programming incorporates systematic data collection throughout the day and across multiple settings to determine course and direction of programming and to assess outcomes. Parents are fully involved within all aspects of assessment, program development and administration.

Denver Model of Intensive Therapy for Young Children with Autism
Sally Rogers, Ph.D.
JFK Partners, Campus Box 234
University of Colorado Health Sciences Center
Denver, CO 80262
(303) 315-6511
sally.roger@UCHSC.edu

The main goals of treatment for young children in the Denver Model are: (1) bringing the child into coordinated, interactive social relations for most of his/her waking hours, so that imitation and both symbolic and interpersonal (nonverbal, affective, pragmatic) communication can be established and the transmission of social knowledge and social experience can occur; and (2) intensive teaching to "fill in" the learning deficits that have resulted from the child's past lack of access to the social world due to the effects of autism.

The main tools for accomplishing these two major treatment goals include teaching imitation, developing awareness of social interactions and reciprocity, teaching the power of communication, teaching a symbolic communication system, and making the social world as understandable as the world of objects, so that the child with autism comes into the rich learning environment of social exchange. Just as typically developing toddlers and preschoolers spend virtually all their waking hours engaged in the social milieu and learning from it, the young child with autism needs to be drawn back into the social milieu — a carefully prepared and planned milieu that the child can understand, predict and participate in.

Developmental Individual Based Model, Functional Profile Approach Model

Stanley Greenspan, Ph.D.
4938 Hampden Lane, Suite 229
Bethesda, MD 20814
301-657-2348

Dr. Greenspan's approach to children with special needs focuses on creating developmentally appropriate practices and tailoring the strategies to the needs of the child based on functional behavior (intentional-affective abilities), processing abilities (biological differences) and caregiver styles. He considers three categories of experiences:

- Spontaneous floor time experiences, in which the adults follows the child's leads, thereby mobilizing the child's interest;
- Structured experiences, where work with the child consists of creating highly motivating challenges that must be solved and have affective value; and
- Motor-sensory and spatial-play experiences such as running, jumping, spinning and hiding things, using verbal and visual cues.

Geneva Centre Model

Geneva Centre for Autism
200-250 Davisville Ave.
Toronto, Ontario Canada
M4S 1H2
416-322-7877
www.autism.net

The Geneva Centre model of service is based on 10 principles that form the foundation of the Centre's approaches:

1. Of foremost importance is the provision of current and comprehensive information about autism and all forms of intervention.

2. A comprehensive training program is necessary to assist parents and professionals in becoming effective intervenors and advocates for individuals with autism/PDD.

3. Skill-building is viewed as the central aim of the Geneva Centre model. Neither the family nor the child with autism/PDD is typically in need of "therapy", but both are in need of assistance to build the skills necessary to enhance progress.

4. Interactions with an individual with autism/PDD are based on an assumption of competence. Each individual is approached with respect appropriate to his or her age.

5. Interventions are planned to address all areas of difficulty outlined by the diagnosis, including communication, behavior and social skills.

6. Goals are determined individually for each child and the family is the center of intervention planning. The interventions themselves must be flexible and adapt to the needs and strengths of the intervenors.

7. While achieving independence is a desirable goal for individuals with autism, interdependence is equally valued. The ability to perform a skill in cooperation with — and with assistance from — others is a valuable skill in itself.

8. Community integration is a key factor in providing the individual with autism/PDD with learning opportunities in a variety of natural environments.

9. The Geneva Centre has an important role in providing support to community partners to ensure that individuals with autism/PDD can obtain services they need in the communities where they live.

10. The Geneva Centre is committed to maintaining information, training and skills in techniques that constitute the "cutting edge" of intervention practices for individuals with autism.

Incidental Teaching Model
Gail McGee
Emory University School of Medicine
718 Gatewood Rd.
Atlanta, Georgia
404-727-8350

McGee and her colleagues (1999) present an intervention model that exemplifies the overlap that frequently exists between approaches based on different intervention traditions such as applied behavior analysis (ABA) and developmental models. Although grounded in ABA principles of learning, the incidental teaching approach and curriculum is more similar to developmental approaches than to traditional ABA. The model provides opportunities to intervene within the context of ongoing activities in a typical early childhood setting with a peer group, as well as in the family environment. Thus, generalization of language and social skills can be actively promoted. A major emphasis of this approach is on establishing and maintaining engagement to support social development.

LEAP Outreach Project
Phil Strain, Project Director
University of Colorado at Denver
P.O. Box 173364
Denver, CO 80217-3364
303-556-2771

The Learning Experiences, an Alternative Approach (LEAP) Preschool is a comprehensive interdisciplinary model of service delivery for preschool-age children with autism and their families. LEAP's approach includes the following components:

1. Systematic teaching for typical children that results in their daily social and communicative engagement of peers with autism;

2. Functional analysis of problem behaviors and communication-based strategies to replace the behaviors with more adaptive skills;

3. Systematic, daily data collection on IEP objectives and follow-up decision-making strategies regarding ongoing intervention;

4. Programmed generalization promotion strategies that are built into initial skill acquisition tactics;

5. Planning strategies to embed multiple response opportunities within naturally occurring, activities that are fun for all children;

6. Staffing to support family and child skill acquisition in home, school, community settings; and

7. A competency-based approach to behaviors skill-training for families.

Picture Exchange Communication System
Pyramid Education Consultants
5 Westbury Drive
Cherry Hill, NJ 08003
888-PECS-INC
http://www.PECS.com

Picture Exchange Communication System (PECS) is a unique augmentative alternative training package that allows children and adults with autism and other communication deficits to initiate communication. It teaches a student/child to exchange a picture of a desired item with a teacher/parent, who immediately honors the request. The system goes on to teach discrimination of symbols and then puts them all together into simple "sentences." Children are also taught to comment and answer direct questions. The PECS approach helps many preschoolers to begin to develop speech, and it has been successful with adolescents and adults who have a wide array of communicative, cognitive and physical difficulties.

Preschool Education Programs for Children with Autism,
by Sandra Harris and Jan Handleman. Pro-Ed, Austin, TX, revised 2000.

This publication provides in-depth descriptions of 10 programs for children with autism. The descriptions are written by the directors of the various programs, who address their own philosophies and strategies as well as issues regarding teaching children with autism.

Prizant-Weatherby Language Development Therapy
Center for the Study of Human Development
Brown University
www.barryprizant.com

According to this approach, the most significant goal for working with young children is to help them participate as successful partners in social-communicative exchange with peers and family members, and to experience these interactions as emotionally fulfilling. The development of trusting and secure relationships is a foundation for success in social-communication with others, which in turn provides the motivation to problem-solve and learn in a social context. Development of these interactive skills occurs within transactions between a child and his or her communicative partners (e.g., caregivers, peers, and clinicians). Thus, this approach is a comprehensive intervention that recognizes how an individual child's profile of strengths and weaknesses have an impact on the social communicative transactions and how caregivers and peers contribute to developmental gains within the context of a broad social network.

Social Stories
Carol Gray
Jenison Public School
2140 Bauer Road
Jenison, MI 49428

Social Stories Unlimited is an approach to teaching social skills through improved social understanding and the extensive use of visual materials. It is designed to help parents and professionals understand the perspective of the student, while at the same time providing the student with information regarding what is occurring in a given situation, and why. There are two primary interventions: *Social Stories* (Gray & Garland, 1993, Gray, 1993: Gray & Jonker, 1994) and *Comic Strip Conversations* (Gray, 1994).

These two interventions have been found to be an effective tool for teaching social and communication skills to a wide variety of students in a wide variety of situations. They were originally developed for students with autism, but are also applicable to other students with special needs, including students with learning, emotional or cognitive disorders. It has also resulted in significant decreases in stuttering in young children. In addition, "social stories" are rapidly becoming part of many preschool and elementary school programs. A "social story" is a short story that describes a situation in terms of relevant social cues and common responses, providing a student with accurate and specific information regarding what occurs in a situation and why. "Comic strip conversations" identify what people say and do, and emphasize what people may be thinking.

TEACCH
Dr. Eric Schoper, Director
Division TEACCH, CB# 7180
Medical School Wing E, UNC-CH
Chapel Hill, NC27599-7180
(919) 966-2174
www.unc.edu/depts/teacch/aboutus.htm

The TEACCH approach includes a focus on the person with autism and the development of a program around the person's skills, interests and needs. The major priorities include centering on the individual, understanding autism, adopting appropriate adaptation, and using a broadly based intervention strategy that builds on existing skills and interests. TEACCH emphasizes individualized assessment to understand the individual and the "culture of autism."

Structured teaching is an important priority because of the TEACH research and experience, which show that structure fits the "culture of autism" effectively. Organizing the physical environment, developing schedules and work systems, making expectations clear and explicit, and using visual materials have been effective ways of developing skills and allowing people with autism to use these skills independent of direct adult prompting and cueing. Cultivating strengths and interests (rather than drilling solely on deficits) is another important priority. The TEACCH approach is broad-based, taking into account all aspects of the lives of people with autism and their families.

Young Autism Program
Ivan Lovaas, Ph.D.
Department of Psychology
University of California at Los Angeles
1282A Franz Hall, P.O. Box 951563
Los Angeles, CA 90024
310-825-2319
www.lovass.com

The Lovaas approach suggests the following constitutes an appropriate therapeutic intervention:

1. A behavioral emphasis: This involves not only imposing structure and rewarding appropriate behaviors when they occur, but also applying more technical interventions, such as conducting discrete trials.

2. Family participation: Parents and other family members should participate actively in treating their child. Without such participation, gains made in professional settings such as special education programs, clinics or hospitals rarely lead to improve functioning in the home.

3. One-to-one instruction: For approximately the first six months of treatment, instruction should be one-to-one rather than in a group because at this stage children with autism learn only in one-to-one situations. This training need not be administered by degreed professionals, but can be just as effective if delivered by people who have been thoroughly trained in the behavioral treatment of autistic children, such as undergraduate students or family members.

4. Integration: When a child is ready to enter a group situation, the group should be as "normal" or "average" as possible. Autistic children perform better when integrated with normal children than when placed with other autistic children. Autistic children require explicit instruction from trained tutors on how to interact with their peers.

5. Comprehensiveness: Autistic children initially need to be taught virtually everything. They have few appropriate behaviors, and new behaviors have to be taught one by one.

6. Intensity: An intervention requires a very large number of hours, about 40 hours a week, the majority of which should consist of remediating speech and language deficits. Later, this time may be divided between promoting peer integration and continuing to remediate speech and language deficits.

Colorado Autism Resources

Autism Society of America, Colorado Chapter
5031 W. Quarles Dr.
Littleton, CO 80128
303-987-1440

Autism Society of the Pikes Peak Region
Alison Seyler
918 Crown Ridge Dr.
Colorado Springs, CO 80904
719-630-7072

On-Line Resources

An on-line "Netfined" search by the Colorado Autism Task Force has found thousands of matches to the term "autism." The following site offer a good "beginning browser" overview, and most of the sites offer additional links to even more information.

The Autism Society of America (ASA)
http://www.autism-society.org

Auatism Biomedial Information Network
http://wwwautism-biomed.org

Autsim Research Institute
http://wwwautism.com

Center for the Study of Autism (Autism.com)
http://www-info.com

Autism Resources
http://autism-info.com

CAN - The Cure Autism Now Foundation
http://wwwcanfoundation.org

CSAAC (Community Services for Autistic Adults and Children)
http://www.caaac.org

Families for Early Autism Treatment (FEAT)
http://www.feat.org

"Links-Go" Autism Page(s)
http://www.links2go.com/topic/autism

Division TEACCH - Autism Information (UNC-CH)"
http://www.unc.edu/depts/teach

New York DOH Autism Page
http://www.albany.edu/psy/autism/autism. html

Books and Literature

The following books, articles and/or publications are listed alphabetically. The order does not reflect any preference or order of importance.

Behavioral Intervention for Young Children with Autism, by Catherine Maurice, Gina Green and Stephen Luce. Pro-Ed, Austin, TX, 1996.

The Child with Special Needs, by Stanley Greenspan and Serena Wieder. Merloyd Lawrence Books/Addison-Wesley, Reading, MA, 1998.

Individualized Assessment and Treatment for Autistic and Developmentally Disabled Children: Teaching Strategies for Parents and Professionals, Vol. 2, by Eric Shopler, Robert Jay Reichler and Margaret Lansing. Pro-Ed, Austin, Texas, 1980.

Let Me Hear Your Voice: A Family's Triumph Over Autism, Catherine Maurice. Fawcett Columbine/Ballantine Books, NY, 1993.

Positive Behavioral Support, by Lynn Kern Koegel, Robert L. Koegel and Glen Dunlap. Paul H. Brookes Publishing, Baltimore, MD, 1996.

Right From the Start - Behavioral Intervention for Young Children with Autism: A Guide for Parents and Professionals, by Sandra L. Harris and Mary Jane Weiss. Woodbine House, Bethesda, MD, 1998.

Targeting Autism, by Shirley Cohen. University of California Press, Berkeley, CA, 1998.

Teaching Children with Autism: Strategies for Initiating Positive Interactions and Improving Learning Opportunities, by Robert L. Koegel and Lynn Kern Koegel. Paul H. Brookes Publishing, Baltimore, MD, 1996.

Teaching Children with Autism: Strategies to Enhance Communication and Socialization, by Kathleen Ann Quill (Ed.). Delmar Publications, 1995.

Visual Strategies for Improving Communication: Practical Supports for School and Home, Vol. I, by Linda A. Hogdon. QuirkRoberts Publishing, Troy, MI, 1995.

You, Your Child and "Special" Education: A Guide to Making the System Work, by Barbara Coyne Cutler. Paul H. Brookes Publishing, Baltimore, Maryland, 1993.

Publications by People With Autism

Emergence: Labeled Autistic, by Temple Grandin and Margaret M. Scariano. Warner Books, 1996.

Nobody Nowhere: The Extraordinary Autobiography of an Autistic, by Donna Williams. Avon Books, 1994.

Somebody Somewhere: Breaking Free from the World of Autism, by Donna Williams. Times Book, 1995.

Thinking in Pictures: And Other Reports from My Life with Autism, by Temple Grandin and Oliver W. Sacks. Vintage Books, 1966.

Glossary of Terms

The following list of terms and acronyms has been adapted, with permission from the "List of Terms" of the Autism Society of America (http://www.autism-society.org/packages/glossary.html, website maintained by Ben Dorman and Jennifer Lefever).

AAP: American Academy of Pediatrics

ABA: Applied Behavior Analysis

ADA: Americans with Disabilities Act of 1990

ADD: Administration of Developmental Disabilities

ADD: Attention Deficit Disorder

AD/HD: Attention-Deficit/Hyperactivity Disorder

AIT: Auditory Integration Training (sometimes called AT for Auditory Training)

AMA: American Medical Association

ARC: Association for Retarded Citizens

ARI: Autism Research Institute

ASA: Autism Society of American

ASAF: Autism Society of America Foundation (formed in 1996 to advance research that will yield new information about autism)

ASD: Autism Spectrum Disorders

ATP: Autism Tissue Program

Aversive: Controversial behavior-reduction approach

Behavior Modification: Techniques used to change behavior through reinforcement

BD: Behavioral Disorder

CAN: Cure Autism Now

CAP: Client Assistance Program (administered by the Office of Special Education and Rehabilitative Services; provides information and assistance to individuals seeking services under the Rehabilitation Act)

CARS: Childhood Autism Rating Scale (a diagnostic tool)

Continuum: Used to describe a full range

DAN!: Defeat Autism Now!

DD: Developmental Disabilities

DEC: Division for Early Childhood of the Council for Exceptional Children

DMG: Dimethylglycine (a food substance resembling a vitamin)

DSM: Diagnostic Statistical Manual (produced by the American Psychiatric Association and now in its fourth edition, 1994)

DTT: Discrete Trial Teaching

Echolalia: The repetition or parroting of words or phrases

ED: Emotional Disorder

ED: Education Department

EDGAR: Education Department General Administrative Regulations

EHA: Education of All Handicapped Children Act (now named Individuals with Disabilities Education Act, or IDEA; reauthorized and amended in June of 1997)

Epidemiology: The distribution of diseases or disorders through the population

ERIC: Educational Resources Information Center (a computer database of educational information run by the Council of Exceptional Children)

ESY: Extended school year

Etiology: The cause of a disorder

FAPE: Free Appropriate Public Education

FERPA: Family Education Rights and Privacy Act (governs the privacy of a student's school records)

FC: Facilitated Communication

Fragile X: Refers to the X chromosome; a genetic condition affecting cognitive, physical and sensory development

HCBS: Home- and Community-Based Services

I&R: Information and Referral service

IBI: Intensive Behavioral Intervention

IDEA: Individuals with Disabilities Education Act of 1990 (P.L. 102-119), amended by the IDEA of 1997 (previously called EHA — see earlier listing)

IEP: Individualized Education Program (document that describes the agreed-upon services to be provided by the school to a child with a disability; covers ages 3-21)

IFSP: Individualized Family Service Plan (similar to the IFEP but for ages birth-3 years)

IHP: Individualized Habilitation Program (often similar to an IEP for adults with disabilities)

IPP: Individual Program Plan

IRCA: Indiana Resource Center for Autism

ITP: Individual Transition Plan (for ages 16-21)

Inclusion: Placement of a child with a disability with non-disabled peers

JADD: Journal of Autism and Developmental Disorders

LKS: Landau-Kleffner Syndrome (a rare disorder marked by sudden loss of language between the ages of 3-7 after a period of normal development. Individuals with LKS are also characterized by an abnormal EEG.)

LD: Learning Disability

LEA: Local Education Agency

LRE: Least Restrictive Environment

MAAP: A newsletter for families of more advanced individuals with autism, Asperger's Syndrome and Pervasive Developmental Disorders

Mainstreaming: Placement of a child in a classroom with non-disabled peers (versus a separate classroom)

MH: Mental Health

MR: Mental Retardation

NAAR: National Alliance for Autism Research

NAPAS: National Association of Protection and Advocacy Systems

NASDSE: National Association of State Directors of Special Education

NBD: Neurobiological Disorders

NECTAS: National Early Childhood Technical Assistance System

NICHCY: National Information Center for Children and Youth with Disabilities

NICHD: National Institute of Child Health and Human Development

NIDCD: National Institute of Deafness and Other Communication Disorders

NIH: National Institutes of Health

NIMH: National Institutes of Mental Health

NINDS: National Institute of Neurological Disorders and Stroke

NSAC: National Society for Autistic Children (previous name of the Autism Society of America)

OCD: Obsessive Compulsive Disorder

OCR: Office of Civil Rights

OSEP: Office of Special Education Programs

OSERS: Office of Special Education and Rehabilitative Services

OT: Occupational Therapy

P&A: Protection and Advocacy Agency (designed to protect individuals with disabilities; every state has one)

Part B: Part B of IDEA (addresses special education services, ages 3 through 21)

Part C: Part C of IDEA (addresses early intervention services for children birth to 3 years; this was formerly Part H of IDEA until July 1, 1998, when the provisions of the 1997 Amendments came into force)

PASS: Plan for Achieving Self-Support (employment program for adults with disabilities)

PTI: Parent Training Information Center

Perseveration: The practice of repeating a behavior over and over, or the habit of pursuing a topic relentlessly

PDD: Pervasive Developmental Disorder

P.L. 94-142: Public Law 94-142, the Education for All Handicapped Children Act (amended in 1990 to become the IDEA)

PT: Physical Therapy

Respite: Periodic and temporary care provided for parents to have time away from children with special needs

Rett's Disorder: A progressive disorder in girls marked by a period of normal development and then loss of previously acquired skills

SEA: State Education Agency

SED: Serious Emotional Disorder

SI: Speech Impairment

SI: Sensory Integration

SIB: Self-Injurious Behavior

SLP: Speech-Language Pathologist

SSA: Social Security Administration

Stimming: The informal term for self-stimulation

SSI: Supplemental Security Income

SSDI: Social Security Disability Insurance

STOMP: Specialized Training of Military Personnel

TEACCH: The Division for the Treatment and Education of Autistic and Related Communication Handicapped Children (a North Carolina organization)

UAP: University Affiliated Program

VOC-ED: Vocational Education

STATE OF COLORADO

DEPARTMENT OF HEALTH CARE POLICY & FINANCING
1575 Sherman Street
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(303) 866-2993
(303) 866-4411 FAX
(303) 866-3883 TTY

1876

Bill Owens
Governor

James T. Rizzulo
Executive Director

WHO YA GONNA CALL?

With **MEDICAID HOME HEALTH** Questions

- If you are calling with a complaint or concern about client care or client rights, call:

  Home Health Hotline, 1-800-842-8826 or 303-692-2800

- If you are calling with a general question about Medicaid Home Health, call:

  Florence Burkholder, 303-866-3864

- If you are calling about a request for extra-ordinary EPSDT Home Health services, call:

  Ruth Van Burgel, 303-695-3300, extension 3316

- If you are calling with a question about billing, call:

  Consultec Provider Assistance, 1-800-237-0757 or 303-534-0146

- If you are calling about possible billing abuse or fraud, call:

  George Main, 303-866-5879

Revised 1-99

"The mission of the Department of Health Care Policy & Financing is to improve access to health care services."
http://www.chcpf.state.co.us

MEDICAID PHONE LIST

Home Health Hotline - at the Department of Health for complaints and client care/rights.

1-800-842-8826 or 303-692-2800

Private Duty Nursing - at CFMC for general information, applications, Prior Authorization Requests,

Sharon Bren at 303-695-3300, x 3035

EPSDT - at CFMC for general information, assistance, Prior Authorizations Requests

Ruth Van Burgel at 303-695-3300. x3316

Home Health - PDN- EPSDT - at HCP&F for questions, concerns and complaints

Florence Burkholder at 303-866-5619 or 303-866-3864

Durable Medical Equipment - at HCP&F for questions, assistance with supplies and equipment

Bobbe Howard at 303-866-5571

Medicaid Billing - Consultec Provider Assistance, our fiscal agent at

1-800-237-0757 or 303-534-0146

Medicaid Fraud-Abuse-Overutilization - at HCP&F for billing fraud or abuse

George Main at 303-866-5879

COLORADO MEDICAID MANAGED CARE FACT SHEET

WHAT IS Medicaid Managed Care?

A system of providing health care benefits to Medicaid clients through one doctor, organization or clinic that is either:

An HMO (Health Maintenance Organization) - A prepaid health plan that provides comprehensive health care services to an enrolled Medicaid population in a geographic area for a fixed monthly payment. An HMO operates through an organized delivery system that emphasizes preventive health care (but does not under-emphasize acute treatment).

The PCPP (Primary Care Physician Program) - under this Program, clients have one primary care provider (physician - M.D., D.O. or clinic (community health clinic, rural health clinic, federally qualified health clinic) who serves as the client's medical case manager and is responsible for authorizing, coordinating and monitoring all health care services received under Medicaid except those that do not require PCP referral.

The Program of All-Inclusive Care for the Elderly (PACE) - a capitated delivery system that provides health care under a comprehensive umbrella of services to frail elderly persons age 65 and over.

How do Medicaid clients **enroll** in Managed Care?

When an individual becomes eligible for Medicaid, she/he will usually be required to choose either a PCP (Primary Care Physician) or an HMO in order to receive medical care. *If the client does not choose an HMO or PCP, he or she will be default assigned to an HMO if an HMO is available in their county of residence.* If the client enrolls in an HMO, a PCP is then selected within the plan. Individuals who are eligible for Medicaid through one of the following categories are eligible for enrollment in a Managed Care Plan; however, those marked with an * are not *required* to enroll in either, nor will they be default assigned.

- ☐ Temporary Aid to Needy Families (TANF)
- ☐ Baby Care/Kids Care (BCKC)
- ☐ Child Welfare Services (Foster Care) *
- ☐ Qualified Medicare Beneficiary Program (QMB) *Dual Eligibles* *
- ☐ Old Age Pension Program (OAP)
- ☐ Aid to the Needy Disabled - SSI Recipients (AND/SSI)
- ☐ Home & Community Based Services Program(s) clients

Many clients become enrolled in a Managed Care Plan when their PCP joins the Plan as a participating provider, and they are "converted" into the Plan. Others may enroll in Managed Care if they live in the geographic area covered by a Plan and wish to have their benefits available through an organized system of health care delivery that includes the following:

Advantages of Managed Care:

- Coordination of an entire health care system, including preventive care examinations for adults and 24-hour access to medical care
- HMOs stress illness prevention and walk-in care
- Vision and hearing tests and eyeglasses
- No co-payments
- Many plans offer health education classes on subjects such as childbirth, parenting, weight loss and smoking cessation
- Cost savings to the State

What about **disenrollment?**

- First, the client should try to work out issues with the HMO by calling the member services number in the member handbook. If the problem cannot be resolved, the client may do any or all of the following:
  - ⇨ Call Medicaid Customer Services at 1-800-221-3943 for questions and help with issues;
  - ⇨ Call the Managed Care Ombudsman at (303) 744-7667 or 1 (877) HELP-123. The Ombudsman may advocate for the client or assist the client to file an appeal;
  - ⇨ File an appeal, at any time, through the Division of Hearings at (303) 894-2500;
  - ⇨ Call the Health Plan Manager at the Department, who will assist the client to remain in the HMO and help resolve benefit issues or approve a good cause disenrollment.

- Anyone may disenroll during the first 30 days after enrollment into an HMO; after that, the client is locked in for six (6) months and may not enroll without good cause. Anyone who disenrolls must choose a PCP or another Plan unless the client is exempt from managed care requirements. Disenrollments are processed by Maximus, the Medicaid Enrollment Broker, at 1-888-367-6557

Maximus, the Medicaid Enrollment Broker, will begin enrolling clients in the Southwest area in the fall of 1999. Default assignments will be made beginning January 2000; clients should begin receiving letters in October or November of 1999.

36

BENEFITS

What **Medicaid benefits** are available through HMO's? All Medicaid-contracted managed care plans **MUST** provide at least the following:

- Physicians' services, including specialty care, surgery & anesthesia
- Outpatient hospital services, including diagnostic, therapeutic & radiology services
- Inpatient hospital services, including intensive care, private room & special duty nursing when medically necessary
- Inpatient rehabilitation (as medically necessary, secondary to illness or injury)
- Outpatient rehabilitation services, such as
  - cardiac rehabilitation
  - speech, occupational & physical therapy
    1. *limited to 20 visits per incident, per modality, per contract year*
- Out-of-area emergency & urgently needed services
  - *Services must be provided within the United States*
- Medical detoxification for the abuse of or addiction to alcohol &/or drugs
  - *Immediate, short-term only*
- Home health services
- Prescription drugs
- Durable medical equipment, oxygen & medical supplies
- Nursing Facility Services
  - *Limited to 30 days per contract year*
- Preventive health services, including
  - immunizations
  - well-child care from birth
  - periodic routine health examinations for adults, including mammography and prostate screening
  - family planning services
  - children's eye & ear examinations to determine vision/hearing correction needs
- Expanded EPSDT Services:
  - Prosthetics/Orthotics
  - Specialized body or limb braces
  - Orthopedic shoes & modifications
  - Augmentative communication devices
  - Hearing aids (provided through Colorado Department of Public Health and Environment, Health Care Programs for Children with Special Needs)
  - Therapy balls for use in trained parental or caregiver conducted physical or occupational therapy sessions
  - Specialized eating utensils or other activity of daily living aids
  - Therapeutic Toys
  - Computers & computer software when utilization is intended predominantly to meet the medical, rather than educational, needs of the client

What about **services** that are not provided by managed care plans, which **Medicaid has historically covered**? Services that are covered under Title XIX, the State Plan and the Volume 8 Staff Manual are still provided by Medicaid. Examples are:

☐ Home and Community Based Services Program benefits
☐ Family planning services **
☐ Long-term Nursing facility services
☐ Private duty nursing
☐ Hospice care
☐ Transportation to medical appointments
☐ Outpatient therapy in excess of the 20 visits covered by the HMO

** May be provided by the Plan or under Medicaid fee-for-service; it is the client's choice.

38

Colorado Medicaid Managed Care Plans:

Colorado Access, serving the following counties:

Adams
Arapahoe
Boulder
Clear Creek
Denver
El Paso
Gilpin
Jefferson
Morgan
Pueblo
Weld
Teller

Kaiser Permanente, serving the following counties:

Denver
Adams
Arapahoe
Boulder
Douglas

Rocky Mountain HMO, serving the following counties:

Metro area:
Adams
Jefferson
Denver
Douglas

Front Range: Pueblo

Western slope:
Archuleta
Delta
Dolores
La Plata
Mesa
Montezuma
Montrose
Ouray
Rio Blanco
San Juan
San Miguel

Community Health Plan of the Rockies, serving the following counties:
Denver
Adams
Arapahoe
Jefferson
El Paso
Pueblo

United Health Care, serving the following counties:
Adams
Arapahoe
Boulder
Denver
Jefferson

MEDICAID BENEFITS available through HMO's:

DISCLAIMER
The following list of Medicaid benefits does not constitute binding interpretation(s) of Colorado Medicaid or Medicaid HMO coverage or benefits. Services are covered based on medically necessary treatment of illness, injury or condition. Please refer to Volume VIII, Staff Manual, Colorado Department of Health Care Policy & Financing; the Colorado Medical Assistance Act, C.R.S. 26-4-100, et seq, 26-4-704, et seq; Titles XVIII and XIX, Social Security Act; and Title 42, Code of Federal Regulations, Part 400-429 and Part 430 to End for the legal and regulatory basis for the Medicaid Program.

INPATIENT HOSPITAL SERVICES

- semi-private room w/general nursing care
- private room
  - when medically necessary
  - private rooms are furnished by the hospital as the principal accommodation
  - the hospital has no semi-private room available
- intensive care unit, special nursing & equipment
- nursery & neonatal accommodations
- Hospital services & supplies
  - operating, recovery & treatment rooms, & equipment
  - delivery & labor rooms, & equipment
  - anesthesia materials & administration
  - routine diagnostic radiological & non-radiological diagnostic imaging services & supplies
  - pathology & laboratory services & supplies
  - services & supplies for ECG's & other diagnostic tests required to diagnose illness, injury & other conditions
  - drugs & medicines published on the Medicaid formulary, approved by the FDA, only to the extent that they are used to treat a condition for which the FDA has determined the use is medically appropriate, following FDA approved routes of administration, unless medical necessity can be established,
  - dressings, splints, casts & other supplies for medical treatment
  - oxygen & its administration
  - non-replaced blood, blood plasma & derivatives, administration & processing
  - intravenous injections & solutions

OUTPATIENT HOSPITAL, EMERGENCY ROOM, AMBULATORY SURGICAL FACILITY SERVICES

- operating, recovery & treatment rooms, & equipment
- delivery & labor rooms, & equipment
- anesthesia materials & administration
- routine diagnostic radiological & non-radiological diagnostic tests required to diagnose illness, injury or other condition

- pathology & laboratory services & supplies
- services & supplies for ECG's & other routine diagnostic tests required to diagnose illness, injury & other conditions
- drugs & medicines published on the Medicaid formulary, approved by the FDA, only to the extent that they are used to treat a condition for which the FDA has determined the use is medically appropriate, following FDA approved routes of administration, unless medical necessity can be established,
- dressings, splints, casts & other supplies for medical treatment provided by the hospital or ambulatory surgical facility
- oxygen & its administration
- non-replaced blood, blood plasma & derivatives, administration & processing
- intravenous injections & solutions

NURSING FACILITY SERVICES

(Up to 30 days per calendar year based on physician referral. If the client continues to be certified for nursing facility care by the Medicaid PRO after that point, Medicaid fee-for-service covers.)

- accommodations
    - semi-private room & general nursing care
- services & supplies
    - diagnostic radiological (x-ray) & non-radiological diagnostic imaging services & supplies
    - clinical pathology & laboratory services & supplies
    - drugs & medicines published on the Medicaid formulary, approved by the FDA, only to the extent that they are used to treat a condition for which the FDA has determined the use is medically appropriate, following FDA approved routes of administration
    - dressings, splints, casts & other supplies for medical treatment
    - oxygen & its administration
    - non-replaced blood, blood plasma & derivatives, administration & processing, &
    - intravenous injections & solutions
    - special dietary needs & food supplements

MEDICAL SERVICES

Physician/practitioner services for diagnostic or therapeutic purposes in the treatment of illness or injury, provided in the office, patient's home, health care facility or at the scene of an accident, including

- direct physical or mental examination
- examination by means of radiological, non-radiological diagnostic imaging, pathology, laboratory or electronic monitoring procedures
- procedures for prescribing, administering, directing or supervising medical treatment
- manual manipulation
- diagnosis & treatment of eye disease or injury
- podiatry service according to Medicare guidelines
- administration of allergens

- family planning counseling, treatment & follow-up & information on birth control,including insertion & removal of approved contraceptive devices, measurement for contraceptive diaphragms, & male/female surgical sterilization
- services for diagnosis & treatment of involuntary infertility, &
- diet counseling, when medically necessary, with the following limitations:
- diagnosis must involve a clinical problem other than obesity
- special diet is necessary as an adjunct to treatment of the medical condition (other than obesity)
- an appropriate referral for dietary counseling is on file with the contractor

PREVENTIVE HEALTH SERVICES

- **EPSDT services**
    - all federal requirements; state's periodicity table will be followed for persons up to 21 years of age
    - examination or health screening, to consist of
    - health & developmental history, including mental health development
    - unclothed physical
    - developmental assessment
    - nutritional assessment
    - routine immunizations
    - laboratory testing (including lead toxicity screening, according to state's EPSDT periodicity table)
    - dental assessment; includes providing information re seeking a direct referral through the Department for dental care for children 3 years & older
    - vision assessment
    - hearing assessment

In addition, EPSDT services include:

- periodic informing: clients must be informed by the HMO of screenings due according to the periodicity table
- referral: clients must be referred to appropriate service providers for further assessment & treatment of conditions found in the screening examination
- assistance: clients must be offered scheduling assistance in making treatment appointments & information as to how to obtain transportation
- case management: maintenance of a coordinated system to follow the client through the entire range of screening & treatment

ADULTS

- **Preventive** physical exams
    - Age 21 - 35, once every 5 years
    - Age 36 - 50, once every 2 years
    - Over age 50, every year
- **Women's health**
    - Routine yearly breast & pelvic, with PAP, hematocrit & urinalysis;
    - Routine mammograms as required by statute

VISION & HEARING services

- Eye exams, as provided by Plan or referred by primary physician, for vision correction
- Vision correction:
- One refraction each 12 months for up to age 21, more frequent if medically necessary as determined by primary physician & preauthorized by Plan
- Medical eye exams & treatment, as medically necessary
- Ear exams, as provided or referred by primary physician to determine need for correction. Medical treatment for special ear or hearing problems as medically necessary.

INPATIENT/OUTPATIENT SURGICAL SERVICES

- Cutting/laser procedures
- Suturing of wounds
- Debridement of wounds, burns, infections
- Reduction of fractures/dislocations
- Orthopedic castings
- Endoscopic examination of internal organs
- Use of needle or cannula for biopsy, aspiration, injection
- Intra-arterial, intravenous, intracardiac catheterization
- Electrical, chemical, medical destruction of tissue
- Reconstructive plastic surgery required due to illness or injury that occurs while client is covered by Plan
- Reconstructive services following mastectomy, subject to prior approval
- Normal or cesarean delivery

SURGICAL POLICIES/PROCEDURES

- **Non-therapeutic Sterilization**:

Must be documented with completed consent form per federal/state regulations. Any procedure/operation with primary purpose of rendering individual incapable of reproducing & is neither:

- a necessary part of treatment of an existing illness/injury
- medically indicated as accompaniment of operation of female genitourinary tract

STIPULATIONS: Client must be at least 21 years old, mentally competent, not institutionalized in a correctional, penal, rehabilitative or mental facility; must wait at least 30 days after signing consent, except in instances of premature delivery or emergency abdominal surgery that takes place at least 72 hours after consent is signed. Consent cannot be obtained while client is in hospital for labor, childbirth, abortion or under the influence of alcohol/drugs that affect awareness. Consent only valid for 180 days after signing.

ORAL SURGICAL SERVICES (Limited to treat certain conditions, as follows:)

- Accidental injury to jawbones or surrounding tissues;
- Correction of non-dental pathophysiological condition which has resulted in a severe functional impairment
- Treatment for tumors & cysts requiring pathological examination of the jaws, cheeks, lips, tongue, roof, floor of mouth

ORGAN TRANSPLANTS:

includes services received in connection bone marrow, cornea, heart, lung, heart-lung, kidney & liver, as follows:

- If both donor & recipient are enrolled Medicaid clients, all covered services related to the transplant are provided
- If the recipient (Medicaid client) is the only enrollee, covered services are provided for the donor but only for those services not provided by any other health care program
- Immunosuppressive drugs as supportive therapy for the transplant

SURGICAL ASSISTANCE:

- medically necessary services in connection with a surgical procedure

ANESTHESIA SERVICES

- administration of anesthetics to achieve general or regional anesthesia, related resuscitative procedures, pre & post-operative visits

EMERGENCY MEDICAL CARE

- **Within the plan's service area**; the provider must notify & obtain authorization as soon as possible but no more than 48 hours after receiving emergency care, except:
- Payment is limited to expenses for emergency care required before the client can, without medically harmful or injurious consequences, utilize the plan's participating provider.
- Follow-up care must be provided by the primary physician.
- **Outside the service area**: Out of area covered services are limited to emergency medical care & urgently needed services when care is required immediately & unexpectedly. Elective or specialized care as a result of circumstances which could reasonably have been foreseen are not covered. The provider must notify & obtain authorization as soon as possible but no-more than 48 hours or the next working day after receiving emergency care, except:
    - Follow-up care: continuing or follow-up care for accidental injury or illness is limited to urgent or emergency care required before the client can, without medically harmful consequences, return to the service area.

AMBULANCE SERVICES

- Services to the nearest appropriate hospital when any other form of transportation is not appropriate & when the ambulance service is provided in conjunction with emergency medical care.

HOME HEALTH SERVICES

- Covered services include services provided in a client's home by licensed (correct: certified) home health care nurses' agency or an approved hospital program for home health care when a client is homebound for medical reasons, physically unable to obtain necessary medical care on an outpatient basis & under the care of a physician. Services & supplies include:
  - Professional services of an RN, LPN or LVN on an intermittent basis
  - Physical therapy, speech therapy, occupational therapy by a licensed therapist
  - Medical/surgical supplies customarily furnished by the agency for its patients
  - Medical social service consultation
  - Nutrition consultation by a certified, registered dietitian
  - Health aide services furnished when receiving nursing services or therapy as described

INPATIENT & OUTPATIENT REHABILITATION SERVICES

- Limited to medically necessary treatment for conditions which, in the judgment of the primary physician & medical director, are subject to significant improvement in a reasonable & generally predictable amount of time. Benefit limited to 20 outpatient visits per modality per year. The benefit for inpatient rehabilitative services is limited to 62 days per year. Includes:
  - Speech therapy
  - Occupational therapy
  - Physical therapy
  - Pulmonary therapy
  - Cardiac rehabilitation

LABORATORY SERVICES

- Prescribed diagnostic clinical & anatomic pathological laboratory services & materials when authorized by the primary physician.

ROUTINE RADIOLOGICAL & NON-RADIOLOGICAL DIAGNOSTIC IMAGING SERVICES

- Prescribed routine diagnostic radiological & non-radiological services & materials, including general radiography, fluoroscopy, mammography & abdominal & obstetrical ultrasound when authorized by the primary physician.

OTHER DIAGNOSTIC & THERAPEUTIC SERVICES

- Prescribed special diagnostic & therapeutic services & imagery when ordered by the primary physician, including:
  - Therapeutic radiology
  - Complex diagnostic imaging including nuclear medicine, computerized axial ultrasonography, magnetic resonance (MR), cardiac catheterization & arthrography;

- Complex vascular diagnostic & therapeutic services including Holter monitoring, treadmill or stress testing, percutaneous transluminal angioplasty & impedance venous plethysmography;
- Complex neurological diagnostic services including electroencephalograms (EEG), electromyelogram & evoked potential;
- Complex pulmonary diagnostic services including pulmonary function testing & apnea monitoring;
- Chemotherapy;
- Hemodialysis & peritoneal renal dialysis;
- Complex allergy diagnostic services including (RAST) & allergological immunotherapy &
- Otologic evaluations to determine the need for medical or surgical treatment of a hearing deficit or related medical problem.

PROSTHETIC DEVICES, DURABLE MEDICAL EQUIPMENT (DME) & OXYGEN

Prosthetic Devices

- Subject to listed exclusions, covered services include covered by Medicaid provided in connection with an illness or injury, as follows:
  - Cardiac pacemakers
  - Colostomy & other ostomy bags & necessary accouterments required for attachment, including irrigation & flushing equipment

Durable Medical Equipment

- Durable Medical Equipment, when authorized by the primary physician, as follows:
  - Rental or Purchase of DME
  - Repair, maintenance, delivery services
  - Disposable supplies covered by Medicaid & those used in connection with approved DME

DEFINITION OF DME: Equipment which can withstand repeated use, is used to serve a medical purpose, is not useful to a person in the absence of an illness or injury & is appropriate for use in the home or workplace.

ONLY DME COVERED BY MEDICAID WILL BE COVERED BY THE PLAN. COVERAGE IN A PARTICULAR CASE IS SUBJECT TO THE REQUIREMENT THAT THE EQUIPMENT BE MEDICALLY NECESSARY FOR TREATMENT OF AN ILLNESS, INJURY, OR CONDITION & BE COVERED BY MEDICAID.

Oxygen - Home Use

- Covered for persons with significant hypoxemia who meet the medical documentation, laboratory evidence & health conditions specified by Medicare. Oxygen concentrators are the usual & customary benefit for clients who meet Medicare criteria. Liquid/portable systems are covered only when all of the Medicare criteria for portable oxygen are met.

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Mental Health And Substance Abuse Services

Mental Health Services: Coverage for Mental Health Services is provided by the Medicaid Mental Health Capitation Program.

Neurobiologically based mental illness: Coverage shall be provided for the treatment of neurobiologically based mental illness that is no less extensive than that provided for any other physical illness. Neurobiologically based mental illness means schizophrenia, schizoaffective disorder, bipolar affective disorder, major depressive disorder, specific obsessive-compulsive disorder and panic disorder.

Autism. Benefits provided for the treatment of mental illness do not include autism, which shall be treated as a physical disorder.

Medical services/procedures provided in the emergency room of an acute care hospital, including those with a primary psychiatric diagnosis, are the responsibility of the HMO.

Detoxification services

(a) Treatment for withdrawal from the physiological effects of alcohol and drug abuse including detoxification.

(b) In lieu of hospital inpatient detoxification, detoxification may be provided at a Contractor-approved freestanding facility.

OUTPATIENT PRESCRIPTION DRUGS

- A covered drug means those currently approve for use & reimbursed by Medicaid, including those that require prior authorization. Drugs must be prescribed by a participating provider & dispensed by a contracting pharmacy within the service area unless obtained as a result of an authorized referral or emergency care.
- Drugs which are not provided under the contractor's formulary but covered by Medicaid may be provided by the contractor when medically necessary. Generic drugs are dispensed unless there is demonstrated therapeutic failure or allergic reaction to the generic.
- Quantities are limited to a sufficient course of therapy, not to exceed 30 days. Maintenance medication may be obtained for up to 60 days if authorized by the contractor.

Who Does What in Colorado Health Care?

Insert to the 1998 HCPF Reference Manual

This table outlines the functions of the Department of Health Care Policy and Financing and other Colorado health care organizations.

For definitions and acronyms, or more detail on HCPF programs and functions, see the HCPF Reference Manual or Annual Report, available on the Internet:http//state.co.us/Executive/Agencies.

HCPF Customer Service:
303-866-3513 (Denver Metro) or
1-800-221-3943 (toll-free statewide)

Function	Agency	Phone/Contact
Emergency Services		
Emergency care (if danger to life or health, such as uncontrolled bleeding, auto accident, unconsciousness)	Ambulance or hospital emergency room	**Call 911** or local ambulance service
Poisoning - 24 hour emergency advice and referral	Rocky Mountain Poison Control Center	1-800-629-1123 (Denver Metro); 1-800-332-3073 (outside Metro) **OR: 911**
Medicaid-Related Functions		
Provide **urgent care**, **health care**, preventive services (well-baby, pre-natal and delivery care, chronic conditions, immunizations, flu and colds, etc.) for Medicaid clients	For urgent care or for an appointment: call your Primary Care Physician or HMO; OR, the HCPF "First Help" Line	Call the Primary Care Physician or HMO listed on your Medicaid card, OR: First Help Line 1-800-283-3221
Assist Medicaid clients in finding a **Primary Care Physician** or choosing an **HMO**	County Departments of Social (or Human) Services; local Health Departments; EPSDT sites; OR HCPF Customer Service Line [Beginning in early 1998: Obtain the new Enrollment Facilitator number from HCPF Customer Service]	Blue pages of phone book under county/district name, or community service pages. HCPF Customer Service: 303-866-3513 or 1-800-221-3943
Apply for, determine eligibility for **Medicaid coverage** (low-income Coloradans)	County Departments of Social (or Human) Services' Medicaid Eligibility Determination Unit	Blue pages of phone book under county name, or community service pages
Provide **long-term care** advice, eligibility, referral, and case management (home health and personal care, nursing facilities, etc.)	Regional Options for Long-Term Care Agencies	Call County Department of Social Services or Area Agency on Aging (blue pages of phone book)
Provide **prior approval of some Medicaid benefits** (long-term care, organ transplants, etc.)	HCPF's Peer Review Organization - the Colorado Foundation for Medical Care	Acute care providers call: 303-695-3369 or 1-800-333-2362; long-term care providers call: 303-695-3340 or 1-800-888-7053
Provide **transportation** to medical appointments for Medicaid clients	County Departments of Social Services	Blue pages of phone book under county name, or community service pages.
Pay Medicaid providers, enroll providers, handle claims problems. Note: Providers that serve Medicaid clients under capitated Managed Care contracts do not bill Medicaid directly, but are reimbursed by the HMO or MHASA.	HCPF's Medicaid fiscal agent. Until 6/30/98: Blue Cross/Blue Shield of Colo. From 7/1/98: Consultec (Call HCPF Customer Service for new numbers)	Until 6/30/98: Blue Cross Blue Shield: Denver Metro: 303-831-0214 or Statewide: Practitioners: 1-800-443-5747 Institutional: 1-800-443-6731

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Function	Agency	Phone/Contact
Finding Health Care Services for Individuals		
Provide **financial assistance for hospital or clinic services** (for low-income uninsured Coloradans who are not eligible for Medicaid)	Colorado Indigent Care Program (CICP); or local hospitals or community health centers	Colorado Indigent Care Program 303-866-2580; or Billing office at health facility
Provide **health care to low-income Coloradans** [sliding fee scale or Medicaid] through Community Health Centers. Also: Migrant or Homeless Health Centers, and the U.S. Public Health Service	Colorado Community Health Network (for the locations of local Health Centers or clinics, and to obtain referrals)	CCHN: Denver: 303-861-5165 Or Statewide Toll-free: 1-800-873-3215 OR: call the local community health center.
Provide **preventive health care** for low income children, pregnant women and infants, including immunizations, prenatal care and family planning and nutrition services	Local public health agencies [District or County **Health Departments**], or Colorado Department of Public Health & Environment (CDPHE) Family Healthline	Blue pages of phone book under county or district name. Or, Family Healthline: 692-2310 (Denver) or 1-800-886-7689
Locating Medicaid and non-Medicaid **health care providers** statewide.	CDPHE Family Healthline (Or the HCPF Customer Service Line - 303-866-3513 or 1-800-221-3943)	Family Healthline: 303-692-2229 or 1-800-688-7777
Provide **health services to American Indians** and Alaskan Natives (eligibility is verified through tribal affiliation)	Indian Health Services	301-443-3024
Provide children's dental care, services for disabled children, migrant workers, and **children with special health care needs**	Department of Public Health and Environment - Family and Community Health Services	CDPHE: 303-692-2310
Provide **dental treatment** to non-Medicaid-eligible, **low-income children** without dental insurance coverage	Kids in Need of Dentistry (Metro Denver area only) or: Community Health Centers	KIND: 303-691-9130 CCHN: 303-861-5165 , or statewide: 1-800-873-3215
Finding Health Insurance for Individuals and Businesses		
Provide insurance coverage for **health care for low-income children** under the age of 18 who do not qualify for Medicaid [Including new Title XXI Children's Basic Health Plan coverage with sliding-scale, subsidized premiums]	**Child Health Plan** OR [Beginning in mid-1998]: **Children's Basic Health Plan** (CBHP)	303-322-2160 (Metro) or: 1-800-359-1991 (Statewide) CBHP: Call the numbers above, or HCPF Customer Service: 1-800-221-3943
Provide **health care to low-income children** ages 3-19 in school-based health centers (certain schools)	CDPHE School-based Health Program; OR, call your child's school	303-692-2376
Provide information on and enroll individuals in **Baby Care - Kids Care** (Medicaid extended coverage for pregnant women and children in low-income families)	County Departments of Social Services, and other sites such as Community Health Centers, Public Health Departments and clinics	Blue pages of phone book under county name. Or call 303-692-2229 or 1-800-688-7777 for the Family Healthline
Provide coverage for **Coloradans who cannot obtain health insurance** because of a pre-existing condition	Colorado Uninsurable Health Insurance Plan	303-863-1960 or 1-800-672-8447
Information on private **long-term care insurance**	Colorado Division of Insurance	303-894-7499, x355

Function	Agency	Phone/Contact
Finding Health Insurance for Individuals and Businesses (cont'd)		
Determine eligibility for and provide **Medicare** - health insurance for elderly persons (65 years of age and older) and persons with disabilities	Medicare - U.S. Department of Health and Human Services	For eligibility and other information, call Social Security: 1-800-772-1213 (press "1" then "4")
Information about **health insurance for small businesses** (groups of 1 to 50 employees, including self-employed)	Colorado Division of Insurance	303-894-7490
Information about **health care coverage cooperatives** for small businesses	HCPF - Office of Public and Private Initiatives	303-866-3327
Provide information on **benefits for veterans** (including health care)	U.S. Dept. of Veterans' Affairs OR the local county veteran's officer	1-800-827-1000
Health Care Regulation		
License and regulate **health insurers and HMOs**	Colorado Division of Insurance	303-894-7499, press "0" for operator
Certify and regulate **health care coverage cooperatives**	HCPF - Office of Public and Private Initiatives	303-866-3327
Monitor and regulate compliance with Americans with Disabilities Act; accept complaints on **civil rights** issues	1. For general questions: U.S. Department of Health and Human Services 2. For employment issues: Equal Employment Opportunity Commission 3. Accessibility of public buildings: U.S. Dept. Justice 4. Colorado Civil Rights Commission 5. HCPF Customer Service	1. US Dept HHS Office for Civil Rights: 303-844-2024 2. Equal Employment Opportunity Commission: 1-800-669-3362 3. U.S. Dept. of Justice 1-800-514-0301 4. CO Civil Rights Commission: 303-894-2997 5. HCPF: see top of first page
Regulate **Medicaid** and the Colorado Indigent Care Program	HCPF - Medical Services Board	Medical Services Board: 303-866-4416
Monitor **Medicaid quality of care;** prevent, investigate and pursue **fraud and abuse**	HCPF Quality Assurance Section OR: Colorado Department of Law - Medicaid Fraud Unit OR: Colorado Department of General Support Services - Fraud Hotline	HCPF QA: 303-866-2420 Dept. of Law Medicaid Fraud Unit: 303-866-5431 GSS Fraud Hotline: Metro: 303-866-6234 Statewide: 1-888-895-6698
License, and accept **complaints about, health professionals** (doctors, nurses, etc.)	Colorado Department of Regulatory Agencies, Board of (Profession)	303-894-7441
License and **inspect health facilities** (nursing facilities, home health agencies, personal care boarding homes, medical labs, hospitals)	Colorado Department of Public Health and Environment - Health Facilities Division	303-692-2800
Public Health		
Contagious **disease control**	Colorado Department of Public Health and Environment: Epidemiology	303-692-2700
Pollution and **hazardous conditions**	Colorado Department of Public Health and Environment	303-692-3000

Function	Agency	Phone/Contact
Consumer Advocacy		
Handle **Medicaid client complaints regarding HMO** or primary care physician	Call the HMO listed on the Medicaid card, or the HCPF Customer Service Line	**Call the HMO,** or HCPF Customer Service: 303-866-3513 or 1-800-221-3943
Assist **Medicaid clients in disenrolling from an HMO**	Disenrollment line at CFMC, or (beginning early 1998) call HCPF Customer Service for the new Enrollment Facilitator number	CFMC: 1-800-854-4563 x3310 HCPF Customer Service: 303-866-3513 or 1-800-221-3943
Handle **non-Medicaid complaints regarding an HMO**	Colorado Division of Insurance; or Colo. Department of Public Health and Environment	Division of Insurance 303-894-7490 Dept. of Public Health and Environment 303-692-2800
Handle **non-Medicaid complaints regarding an insurance company**	Colorado Division of Insurance	Division of Insurance 303-894-7490
Handle **long-term care facility complaints**	Long-Term Care Ombudsman at The Legal Center	303-722-0300
Handle **client appeals on Medicaid issues**	Administrative Law Judges, Department of Law Colo. Department of Health Care Policy and Financing	Administrative Law Judges 303-866-2500 HCPF Office of Appeals 303-866-5977
Other Public Health Care Issues		
Formulate **state health policy**, including Medicaid and other public health care budgets	Colorado General Assembly State Senate: House of Representatives: Governor Roy Romer State Board of Health	303-866-4866 (R) or 303-866-4865 (D) 303-866-2904 303-866-2471 303-692-2020
All other questions on health care policy, financing, programs, or services Who Does What In Colorado Health Care? Version: 1/98TK	HCPF Customer Service Information Line OR: Office of the Executive Director, Colorado Department of Health Care Policy and Financing	303-866-3513 (Denver Metro) or 1-800-221-3943 1575 Sherman Street Denver, Colorado 80203 OR: Internet: http//**state.co.us /Executive/Agencies/HCPF**

Equal Protection:

No person may be excluded from participation in programs administered by the Colorado Department of Health Care Policy and Financing, or denied benefits, or discriminated against, because of: sex, race or color, national origin, citizenship, mental or physical impairment, or religion.

Proteción Ante la Ley:

Nadie puede ser excluido de participar en el Medicaid de Colorado o ser privado de los beneficios de la Programa de Medicaid por cuestones de sexo, raza o etnicidad, pais de origen o ciudadanía, impedimento mental o fisico, o su religión.

Se Habla Español

Departmento de Regulación y Financiamiento de Atencion a la Salud **(Medicaid de Colorado)**
Llame al: 866-3513 (en Denver), o 1-800-221-3943 (número gratuito en Colorado)

MEDICAID WAIVERS FOR FAMILIES WHO HAVE CHILDREN WITH DISABILITIES OR HIGH MEDICAL NEEDS

WHAT IS MEDICAID?

Medicaid is a program that is funded by state and federal dollars that allows people who are low income and/or disabled to access medical care through various Medicaid providers.

WHAT IS SUPPLEMENTAL SECURITY INCOME (SSI)?

SSI is a federally funded program that provides funding to families of children with disabilities and people with disabilities to help cover the extra costs associated with having a disability. For a family of four with one child with a disability, a family may not make more than about $2,500.00 per month in gross income or have assets over $2,000.00 with some exclusions such as a home or a car if it is used to take the child to medical appointments. When a person is eligible for SSI, they automatically become eligible for Medicaid.

WHAT IS A MEDICAID WAIVER?

Medicaid waivers "waive" a family's income so that their children may access medical care through Medicaid. Under the Medicaid Waiver programs the family's income is not counted in determining eligibility, the child's income is used. The child must not have an income over 300% of SSI benefits or assets of more that $2,000.00. Only children who need a "level of care" that would "normally" be provided in a hospital, nursing home or institution will qualify. This is determined on a case by case basis, so if your child has a severe disability and requires a great deal of medical care you may want to apply. The State of Colorado currently has three medicaid waiver programs that families of children with disabilities can access. They are:

***The Children's Medical Services Waiver (CMW200)**
***The Children's Home and Community-Based Services Waiver (HCBS)**
***The Children's Extensive Support Waiver (CES)**

These waivers were created in response to a family who got the attention of President Reagan when they wanted to bring their medically involved daughter, Katy Beckett, home from a lengthy stay in the hospital. Their parental income did not "count" while she was out of the home and in the hospital. Therefore, she received extensive medical care through SSI/Medicaid benefits while in the hospital. Upon entering her family home, which was a better place for her, as well as less costly than the hospital, she was going to lose all benefits. The family simply could not afford to keep her at home without Medicaid benefits. The Colorado program began with medically fragile children and expanded to include developmentally disabled or delayed children.

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WHAT IS THE DIFFERENCE BETWEEN THE THREE MEDICAID WAIVERS?

The HCBS waiver has space available for 200 children. Anyone who qualifies may be on this waiver if there are open slots available. This waiver targets children who are more medically involved or have long term medical needs. The CMW200 waiver has space for 200 children. For this waiver, the child must be determined to be developmentally disabled/delayed through the developmental disabilities system If a child birth to 3 years old is eligible for services under Part H of Public Law 99-457, then they are eligible for the CMW200 waiver. The CES Waiver is intended to provide services to a small number of children with developmental disabilities or delays who also have extremely intensive behavioral or medical needs. There is currently a waiting list for the first two waivers, but two children a month typically go off, allowing two others from the waiting list to get on a waiver. The CES Waiver started in the Summer of 1995 and will only support 21 children in the State of Colorado.

WHAT KIND OF MEDICAL CARE DO THESE WAIVERS COVER?

These medicaid waivers only allow children access to Medicaid. Medicaid covers a variety of "medically necessary" services such as: doctor visits, dental visits, hospitalization, surgery, therapy, nursing care and other medical services. However, there are only certain doctors and therapists who will accept Medicaid. **It is very important to find out if what your child needs is a Medicaid eligible expense and if your doctor or therapist is a Medicaid provider.** Your doctor or therapist may be willing to become a Medicaid provider, but they are not required to accept Medicaid as payment. You may have to change to a doctor and/or therapist who is a Medicaid certified provider if your child gets on the waiver and you want Medicaid to pay for that service. It can be difficult to find Medicaid providers for nursing or therapy, and in-home therapies will only be paid for by Medicaid if the child is determined to be "medically homebound".

The CES Waiver is a little different in that it provides the following services in addition to the regular state Medicaid plan benefits: personal assistance services, household modification services, specialized medical equipment and supplies, and professional/community connection services.

Medicaid is the secondary insurance. If the family has private insurance,. it will cover co-pays and services which the primary insurance does not cover. This may include such things as diapers for children 3 years and older, specialized formula, therapies and durable medical equipment such as wheelchairs. Nursing care is one of the less clear services of the program. Generally, the Peer Review Organization (PRO) determines the level of care necessary, from a 1 hour visit to 24 hour care, based on clearly defined needs. Many children may benefit from intermittent nursing care, which means a person coming in to perform a specific duty such as feeding on a regular basis, but not remaining in the home continually.

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For children birth to 18, an Early Periodic Screening Diagnosis and Treatment (EPSDT) screen should be completed after the child is eligible for Medicaid by the child's doctor. This instrument will assist in documenting and providing access to the appropriate services, even if these services are not normally covered under the Colorado State Medicaid Plan. EPSDT overrides the state plan and may allow children to access more services and supports based on the federal Medicaid plan such as hearing aides and eyeglasses.

WHO QUALIFIES FOR MEDICAID WAIVER PROGRAMS?

- Children who have disabilities or illness that could require care in a nursing home, hospital, or institution.
- Children whose families make too much in income or have too much in assets to qualify for Medicaid in any other way. (If your family can qualify for SSI/Medicaid or regular Medical they cannot access the waivers.) For the CES Waiver this is not an issue.
- Children who make less that 300% of SSI in income and have less than $2,000.00 in assets.
- Children who can receive care at home or in the community safely, and whose cost of care is not more than it would cost to care for them in an institution.

HOW DO I APPLY FOR MEDICAID WAIVER PROGRAMS? (For the CES Waiver, contact your local Community Centered Board)

- **First call the Social Security Administration at** 1-800-772-1213 7 am to 7 pm Monday through Friday to apply for SSI/Medicaid and obtain a denial based on having too much in income or assets. You should be able to get this denial by giving them information over the telephone. If they say you are over-income for SSI tell them you need a letter stating the reason for denial. Tell them you need an informal denial letter immediately. This number may be busy, so you may want to pick a time when you are doing something else and can just hit redial on your phone as many times as it takes to get through. Early in the morning or close to seven in the evening are also good times to get through. You may also go down in person, but allow at least 1 hour.

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- Next call your county Department of Social Services to request an appointment to apply for the Model 200 Medicaid Waiver program. You will need your SSI denial letter to take to this appointment. This number is also often busy or no one answers. Be persistent - you will get through eventually to make the appointment. At the appointment, you will be asked financial information to see if you qualify for any other Medicaid program, as well as to make sure your child has no income. You will be given a ULTC 100 form. The ULTC 100 is a 9 page form. The first page is completed by your child's doctor. The other 8 pages are completed by the case management agency. The information is reviewed by the Colorado Foundation for Medical Care (CFMC), which is the Peer Review Organization (PRO) for the state of Colorado. They will determine if your child meets the "level of care" requirement. An appeal may be filed if you disagree with their determination. If you are applying for the HCBS waiver, you will also be given a MED-9 form to also be completed by the doctor. Social Services will forward their information to the case management agency you designate. Case management is a term like social work and not all agencies providing case management may provide Medicaid case management.
- The case management agency will contact you to set up a visit to complete the level of care screen.
- If you think your child qualifies for the CMW200, you need to call the community center board serving your area to request an eligibility determination for a developmental disability. This may be done at the same time you are doing the above activities. The information required by the community center board to make the developmental disability determination usually comes from testing completed by the child's school, doctor or Childfind.
- It is very important that families understand they must mark YES when asked if their child is at risk for being placed out of the home. This does not mean the Social Services will place the child out of the home, but if marked no the system assumes the family does not need the help that medicaid would provide.

HOW SOON WILL I KNOW IF MY CHILD QUALIFIES FOR A MEDICAID WAIVER?

The process can take up to 8 weeks or more, so it is important for you to get all the necessary information to the right people as quickly as possible. Your case management agency should be able to tell you where you are in the process. You will know when you have received a Medicaid Waiver when you receive your Medicaid card in the mail. You may call the case management agency to make sure the process is complete and you are on the waiting list.

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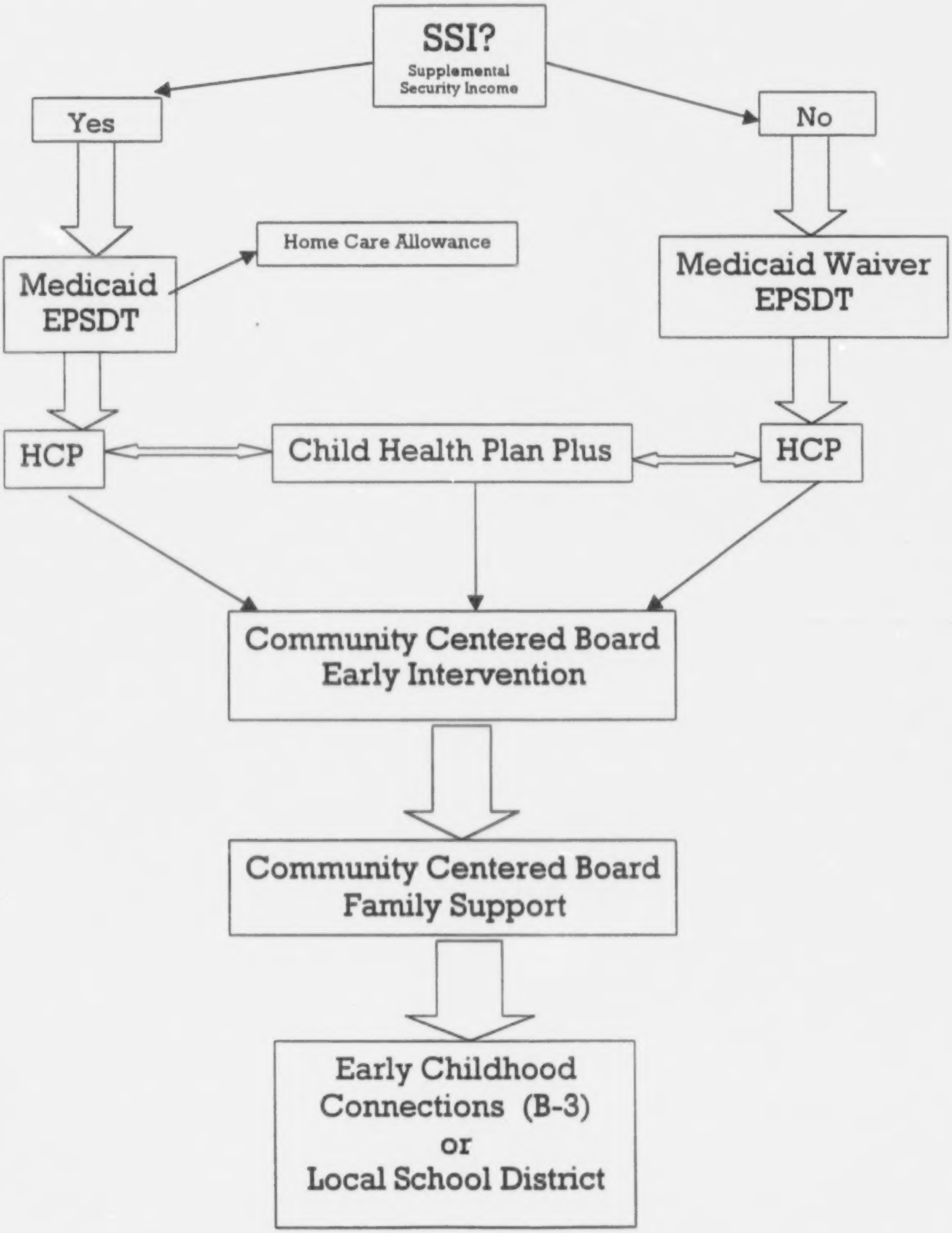
Publicly Funded Resources for Children with Disabilities


SSI?
Supplemental Security Income
Yes
No
Medicaid EPSDT
Home Care Allowance
Medicaid Waiver EPSDT
HCP
Child Health Plan Plus
HCP
Community Centered Board Early Intervention
Community Centered Board Family Support
Early Childhood Connections (B-3) or Local School District

The Step by Step Process of Accessing Publicly Funded Resources

Many families who have children with developmental delays find it difficult to pay for the supports and services that their family needs to help their child develop to the best of their abilities.

The following is a step-by-step guide and short description of the publicly funded financial resources that you may want to use to help you pay for the supports your child and family need.

Please see the map to help you see how they work together.

1. SSI (Supplemental Security Income)

income-based

☐

(for a family of four about $2,500.00 or less per month)

SSI is a benefit provided by the Social Security Administration for people who qualify both in terms of income and disability. The disability must be one that is expected to continue beyond nine months. For children who live at home, the parent(s) income and assets will impact eligibility. SSI provides a monthly check, which can vary depending on the other income, the person or family receives.

Call your social security office and ask for information about your child being eligible for SSI (Supplemental Security Income.) If you wait three more days to do this, that means you will receive three days less benefits because they record the date that you called as the first day for benefits to begin even though it may take several weeks to determine eligibility

When you apply for SSI, it is best to call late in the afternoon or at dinnertime. Call when you are doing something else (washing dishes etc.), and just keep hitting "redial" until you get through. Eligibility for your child is based on what they are **not** capable of doing. The person at the Social Security office should tell you how to apply for Medicaid. If they don't tell you - ask them how to apply.

2. Medicaid

Persons receiving SSI in Colorado are automatically eligible for Medicaid health insurance. However, you may be required to apply for it in addition to applying for SSI. If your child has other health insurance, Medicaid might pay for things that the insurance won't pay for. There are only certain doctors and other health care providers who accept Medicaid. Medicaid is an important resource for families who have children with disabilities.

When you've got your Medicaid put the name of your technician in a safe place! If you want to know what Medicaid pays for, you may need to call her. You can also ask her about other Medicaid services such as Home Care Allowance, Home Health Care and transportation.

Medicaid recipients are eligible to have an EPSDT case manager as well as their Medicaid technician. EPSDT stands for Early Periodic Screening Diagnosis and Treatment. This is a separate program administered by the State Department of Health that makes sure that Medicaid recipients get the kind of care they need for their health, growth and development. Your EPSDT case worker should check in with you yearly to see how your child is doing, whether shot records are up to date, whether the child is growing and developing appropriately and any other concerns you may have about your child's health care. Your caseworker can also help you to understand the process of accessing specialized services through Medicaid. They are trained to know how Medicaid works. An EPSDT screen is a health services planning document that your pediatrician should complete each year (or more often). This screen allows you and your doctor to list the medical services, equipment and treatments your child will need for complete and healthy functioning. If your child is enrolled in a Medicaid HMO the EPSDT Screen can ensure that all the benefits listed on the EPSDT document are covered by the HMO or by wraparound Medicaid payments.

3. Health Care Program for Children with Special Needs (HCP)

Call your local health department. Does not help children with just a diagnosis of autism but might help with other conditions. income / disability-based

Anyone who is eligible for Medicaid meets the financial eligibility requirements of a program called Health Care Program for Children with Special Needs (HCP). Children who have specific diagnoses covered under this program may get diagnostic evaluations, surgeries, equipment, and therapies. Eligibility is based on income and whether or not the child qualifies for the Children's Health Insurance Plus Program. This may be a good resource for undocumented children (No reporting to immigration). Undocumented families (immigrants) are covered if they meet financial requirements.

Children with hearing impairments can receive home intervention services up to age 3. Nutritional consultation for children with feeding problems, dietary needs or growth concerns are also available. An orthodontia program serves children who have difficulty with talking or eating.

Colorado Home Intervention Program (CHIP) (part of HCP)

Professionals visit families in their homes to provide information, education and therapy for the development of speech and/or language impacted by hearing loss. This might include a child who has had many ear infections. If you do not qualify for this program due to income you can pay for this program with other resources.

4. MEDICAID WAIVERS

Medicaid Waiver programs were developed for families, who make too much money to get SSI/Medicaid, but have a child with significant disabilities. If your child requires a great deal of support, supervision and/or medical attention, he/she may qualify. This program is limited to a certain number of children, and if your child qualifies they may be placed on a waiting list. It is important to apply early if you think you may need this program. Application is made through county Social Services office after a denial based on income has been received from SSI. Call for a checklist on how to apply.

5. Community Centered Boards

These organizations serve people with developmental disabilities and are funded with state tax dollars. Anyone can access these programs -- if they qualify due to developmental disability -- no matter how much money they make. They have two programs that serve children with developmental delays:

> **A. Family Support** - This program offers assistance to a families who have a member with a developmental disability living at home. The family member who establishes the eligibility for the program may be of any age. Once eligibility has been determined for the specific person, the entire family living in the household becomes eligible to receive services and supports necessary to maintain the family member with a developmental disability at home. This program is very flexible and provides not only support with dollars, but consultants to help you obtain the necessary services. The money (usually paid out in monthly checks) is variable, depending on the individualized needs of the family. If your child qualifies for Early Childhood Connections (Part C), your family will qualify for the Family Support Program until the age of 5, when eligibility becomes more of an issue. There is currently a waiting list for this program in some communities, but it serves all ages, so we suggest you get your name in as soon as possible. If you have unmet needs when you write your Individualized Family Service Plan, you will be eligible to get on the Family Support waiting list. This plan must be developed before you can access this program.
>
> **B. Early Intervention Services** - This program offers a variety of supports to families who have a child at risk of developmental delay from birth to 3. The supports they offer vary from one community to another.

6. Colorado Early Childhood Connections

These organizations are interagency teams of parents and professionals working in partnership to develop comprehensive and coordinated supports for infants and toddlers. They serve families with children birth through three years of age that have developmental delays and reside in their area. They provide access to service coordination, parent- to-parent, information and resources and access to direct supports and services.

They can disperse federal funds to families who have no other way of accessing the supports and services they need to lead a typical lifestyle in their community. This federal funding can be used in a variety of ways, but is limited by law to only cover certain supports.

7. Colorado Health Insurance Plus

This is a low-moderate income criteria health insurance program for children who have not had any health care coverage for at least three months. A small monthly fee and co-payments are charged based on family income. This program is an HMO plan and covers many of the service and support needs of children with disabilities as well as typically functioning children. Contact 303-372-2160 for a site near you to apply for this coverage.

HEALTH INSURANCE QUESTIONNAIRE FOR OPEN ENROLLMENT COMPARISONS

To be completed by the health plan representative:

1. What is you name? ________________________
2. What is your title? ________________________
3. Which insurance company do you represent? ________________ (Please attach business card)
4. Are you authorized to answer questions about coverage concerns? ___ yes ___ no (If the answer is no, please proceed to question 7).

To be completed by the family member:

5. My child is ________months/years old and has been diagnosed with ________________________. (identify and describe your child's condition) As a result, his/her physician has informed me that he/she will need ____ (describe treatment including frequency and duration).

To be completed by health insurance representative:

Is this treatment/frequency/duration a covered benefit under the plan you are representing?

______ yes ______ yes, but only partially _____no

Please explain why the benefit is covered only partially or not covered in the space below

____

6. If I think of other questions later, whom should I contact? (name and phone number)

____

7. This coverage issue is extremely important to my family , and will be a deciding factor in the health plan selection process. I very much want to select a plan that will best be able to meet the special needs of my child. Therefore if you do not feel qualified to answer these questions, with who can I speak to obtain reliable answers? ________________ Their telephone number? __________ What is their title? ___________________

Today's date: ____________ ________________________________

Signature of health plan representative

I appreciate your cooperation in completing this questionnaire.

This questionnaire is provided courtesy of Early Childhood Connections and the Patient Advocacy Coalition.

COMMUNICATION LOG

DATE/TIME	NAME OF PERSON	AGENCY
Comments:		
Comments:		
Comments:		
Comments:		
Comments:		
Comments:		
Comments:		
Comments:		
Comments:		
Comments:		
Comments:		

AECN 8/94

An Explanation of Procedural Safeguards Available to Parents of Children with Disabilities

Educational
Rights
Of
Parents

Under Provisions of the
Individuals with Disabilities Education Act (IDEA)
and
the Rules for the Administration of the Exceptional Children's Educational Act (ECEA)

cde

Colorado Department of Education
Special Education Services Unit

August 1999

INTRODUCTION

Described in this pamphlet are parent educational rights required under federal and state special education rules and regulations. It is important that you, as a parent, understand your rights in special education relating to your child.

School staff are available to assist you in understanding these rights and are available on request to provide you with any further explanation. If needed, the school will provide an interpreter or translation to help assure that you understand.

If you have any questions or would like further information please contact:

Name Telephone

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FREE APPROPRIATE PUBLIC EDUCATION

You have a right to participate in meetings with respect to the:

- identification,
- evaluation,
- eligibility,
- Individualized Education Program (IEP),
- placement, and
- the provision of a free appropriate public education (FAPE) for your child.

Your child's general education teacher should be involved with the IEP development.

An eligible child with a disability has a right to receive a free appropriate education that is outlined as an Individualized Education Program. The IEP is meant to address your child's unique needs.

TERMINATION OF FAPE

A student's right to FAPE under special education law ends at the end of the semester in which the student turns 21, or when the student has graduated with a regular high school diploma or GED. A student's right to FAPE is not terminated by any other kind of graduation or completion certificate.

A student's right to FAPE under special education law would also end if the IEP team determines that special education services are no longer needed. If a parent does not agree that their son or daughter should graduate with a regular high school diploma, or that their son or daughter no longer needs special education services, they are entitled to procedural due process to resolve the disagreement.

PRIOR NOTICE TO PARENTS

The school will notify you by letter if they are proposing to change or refuse to change your child's special education program. The notice must be easily understandable. You must also receive notice of special education meetings about your child within a reasonable time so you can attend.

The school district must provide you with written prior notice before each time it proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education to your child. The notice must include:

1. a full explanation of all of the procedural safeguards and state complaint procedures available to you in your native language;
2. a description of the action proposed or refused by the school district;
3. an explanation of why the school district proposes or refuses to take the action;
4. a description of any other options the school district considered and the reasons why those options were rejected;
5. a description of each evaluation procedure, test, record, or report the school district used as a basis for the proposed or refused action;
6. a description of any other factors which are relevant to the school's proposal or refusal;
7. a statement that you, as a parent of a child with a disability, have protection under the procedural safeguards of special education law, and the means by which a copy of the procedural safeguards can be obtained; and
8. sources for you to contact to obtain assistance in understanding the provisions of special education.

If you need assistance in understanding any of the procedural safeguards, or anything else relating to your child's education, please contact the Director of Special Education of your local school district.

A copy of the procedural safeguards will be provided to you at a minimum:

- upon the initial referral for evaluation,
- upon each notification of an IEP meeting,
- upon re-evaluation of your child, and
- upon receipt by the school district of a request for a due process hearing.

The procedural safeguards notice must be written in your native language or other mode of communication, unless it is clearly not feasible to do so, and written in an easily understandable manner. The school district must make sure that you understand your special education rights, ensure that this will be translated to you if necessary, and document their process of providing you these rights.

PARENT CONSENT

Your written permission is required before your child is initially evaluated, re-evaluated, and placed in special education.

The school must obtain your informed consent before conducting a pre-placement evaluation, initial placement, and re-evaluation of your child in a program providing special education and related services. However, in cases of re-evaluation, the school district does not have to have your consent if it can demonstrate that it has taken reasonable measures to obtain your consent and you failed to respond. The school district may require your consent for other services and activities.

Your consent is not required before reviewing the existing data as part of an evaluation or a re-evaluation; or before giving a test or other evaluation that is given to all children unless, before they give a test or evaluation, they have asked for consent from all parents.

Information regarding consent will be written in your native language or other mode of communication. You should understand:

- the reason written consent is being asked,
- that giving your consent is voluntary, and
- that you can revoke your consent at any time. (If you revoke your consent, that revocation is not retroactive [i.e., it does not negate an action that has occurred after the consent was given and before the consent was revoked]).

Your consent should identify any records to be released, to whom they will be released, and for what purpose they will be released. Giving your written consent also means that you understand and agree that the school will perform the activities for which you have given your consent.

If you refuse consent for initial evaluation or a re-evaluation, the school district may continue to seek an evaluation by using due process hearing procedures. Pending any due process hearing decision, your child would remain in his or her present educational placement, unless you and the school district agree otherwise. A school district may not use your refusal to consent to one service or activity to deny you or your child any other service, benefit, or activity of the school district, except as may be required by special education law. Also, you have a right to appeal the decision of a due process hearing officer.

INDEPENDENT EDUCATIONAL EVALUATION

If you disagree with the school's evaluation of your child, you can request an independent evaluation, conducted by someone not employed by your school district.

If you disagree with an evaluation obtained by your sc[illegible] district, you have the right to obtain an independent educational evaluation of your child at public expense, unless the school can show its evaluation is sufficient. An independent educational evaluation is an evaluation conducted by a qualified examiner who is not employed by the school district. The school district will provide, upon your request, information about where an independent educational evaluation may be obtained.

Your school district may initiate a due process hearing to show that the school district's evaluation is sufficient. If it is determined, by decision of a hearing officer, that the evaluation is appropriate, you still have the right to an independent educational evaluation, but not at public expense.

If you request an independent educational evaluation, the school district may ask why you object to the public evaluation. However, the school district cannot require an explanation from you, and the school district may not unreasonably delay either providing the independent educational evaluation at public expense, or initiating a due process hearing to defend their evaluation.

If you obtain an independent educational evaluation at private expense, the results of the evaluation must be considered by the evaluation and/or planning team in any decision made with respect to the provision of a free appropriate public education for your child and may be presented as evidence at a due process hearing regarding your child.

If a hearing officer requests an independent educational evaluation as part of a hearing, the cost of the evaluation must be at public expense.

Whenever an independent evaluation is at public expense, the criteria under which the evaluation is obtained, including the location of the evaluation and the qualification of the examiner, must be the same as the criteria which the school district uses when it initiates an evaluation, to the extent those criteria are consistent with your right to an independent educational evaluation. A school district may not impose additional conditions or timelines related to obtaining an independent evaluation at public expense.

EDUCATIONAL SURROGATE PARENTS

Some children do not have parents who can advocate for them in the special education process. An educational surrogate parent is someone appointed to represent the child at special education meetings.

Each school district shall have a method for determining whether a child needs an educational surrogate parent and shall ensure that an individual is assigned, through the Colorado Department of Education, to act as an educational surrogate parent for a child whenever the parents of a child are not known and/or the school district cannot, after reasonable efforts, locate the parents, or if parental rights have been terminated for that child.

The person assigned as the educational surrogate paren[illegible] not be an employee of the state education agency, school district, or any other agency that is involved in the education or care of the child.

The educational surrogate parent may represent the child in all matters relating to the identification, evaluation, and educational placement of the child, including the provision of a free appropriate public education.

TRANSFER OF RIGHTS AT AGE OF MAJORITY

When a student reaches 21, or becomes emancipated, all special education rights transfer from the parent to the student.

All rights of parents under special education law transfer to the student when the student reaches the age of majority under state law (21 in Colorado), or earlier if the student is emancipated. These rights include, but are not limited to: consent for evaluation or re-evaluation, decisions about services and placement, and rights to special education due process procedures.

The school district must notify the student and the parent of the transfer of rights. Beginning at least one year before the student reaches the age of majority, the student's IEP must include a statement that the student has been informed of his or her rights, under IDEA, that will transfer to the student on reaching the age of majority.

STUDENT RECORDS

You have the right to see or request copies of your child's school records. If you disagree with items in the records, you can ask if they can be changed or removed.

ACCESS TO RECORDS

The Family Educational Rights and Privacy ACT (FERPA) gives rights to parents regarding their children's education records. These rights transfer to a student, or a former student, who is attending any school beyond the high school level, or who has reached age 18. Schools may still provide access to records to the parents of a student who is 18 and a dependent.

Your school district must permit you to inspect and review any education records relating to your child with respect to the identification, evaluation, and educational placement of your child, and the provision of a free appropriate public education to your child. The school district must comply with your request without unnecessary delay, and before any meeting regarding an IEP, or any hearing relating to the identification, evaluation, or educational placement of your child, or the provision of a free appropriate public education to your child, and in no case more than 45 days after your request has been made.

Your right to inspect and review education records under this section includes:

- the right to a response from the school, or other participant agency, to reasonable requests for explanations and interpretations of the records;
- your right to have your representative inspect and review the records; and
- your right to request that the school district provide copies of the records containing the information if failure to provide those copies would effectively prevent you from exercising your right to inspect and review the records.

The school may presume that you have authority to inspect and review records relating to your child unless the school district has been advised that you do not have the authority under applicable state law governing such matters as guardianship, separation, and divorce.

If any education record includes information on more than one child, you have the right to inspect and review the information relating to your child or to be informed of that specific information.

The school district must provide you, on request, a list of the types and locations of education records collected, maintained, or used by the school district.

FEES FOR SEARCHING, RETRIEVING, AND COPYING RECORDS

The school may not charge a fee to search for or to retrieve information in your child's educational records, but may charge a fee for copies of records which are made for parents if the fee does not effectively prevent the parents from exercising their right to inspect and review those records.

RECORD OF ACCESS

The school must keep a record of those persons or organizations obtaining access to your child's education records, including the name of the person or organization, the date access was given, and the purpose for which the person or organization was authorized to use the records. The school does not have to keep a record of access by eligible parents or students, or authorized school employees.

AMENDMENT OF RECORDS AT PARENT'S REQUEST

If you believe that information in your child's education record is inaccurate, misleading or violates the privacy rights, or other rights of your child, you may request the school district to amend the information. The school district must decide whether to amend the information within a reasonable period of time of receipt of your request. If the school district decides to refuse to amend the information, it must inform you of the refusal and of your right to a hearing.

The school district shall provide an opportunity for a hearing (under the Family Educational Rights and Privacy Act) to challenge information in the education records to ensure that the information is not inaccurate, misleading, or otherwise in violation of the privacy rights, or other rights of the student.

If, as a result of the hearing, the school district decides that the information is inaccurate, misleading, or otherwise in violation of th privacy rights, or other rights of the student, it must amend the information and inform you in writing of the amendment.

If, as a result of the hearing, the school district decides that the information is not inaccurate, misleading, or otherwise in violation o the privacy rights, or other rights of your child, it must inform you of the right to place in the records a statement commenting on the information or giving any reasons for disagreeing with the decision of the school. Any explanation placed in the student's records mus be maintained by the school as part of the records of the student as long as the record or contested portion is kept by the school. If the records of the student or the contested portion is disclosed by the school district to any person or organization, the explanation must also be disclosed to the person or organization.

DISCIPLINE

Discipline is an important part of learning. The IEP Team, including the parent, needs to determine appropriate disciplinary procedures for students with disabilities.

Discipline issues relating to students with disabilities are extensive. Additional information can be obtained from your school administrator or IEP Team.

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A free appropriate public education must be made available to all eligible children with disabilities, including children with disabilities who have been removed from school (e.g., suspended or expelled) for more than a total of ten school days in a given year.

1. After a total of 10 school days:
   The IEP team must meet to:
   - Develop a plan for conducting a functional behavioral assessment.
   - Develop a plan for completing a behavior intervention plan, including appropriate behavior interventions to address that behavior, or to review and modify an existing behavior plan.
   - Determine whether the child is receiving an appropriate education.
   - Additionally, a manifestation determination to decide whether there is a relationship between your child's disability and the behavior may need to be conducted.
2. If as the result of the manifestation determination, the IEP team, including the parent, agree either that:
   A. Services were not appropriate or if the behavior was a manifestation of your child's disability, then,
      - your child may not be removed (expelled or suspended) for more than 10 days unless one of the following circumstances applies:
        - your child was in possession of drugs or weapons, or
        - it is determined that he/she is substantially likely to injure him/herself or others (see items 6 and 7); or

   B. Your child's behavior was not a manifestation of his/her disability, then,
      - your child may be disciplined in the same manner as a child without a disability would be disciplined, and
      - the school district must continue providing a free appropriate public education for your child.
3. If you disagree with the determination that your child's behavior was not a manifestation of his/her disability or with any decision regarding placement, then you may request a hearing (an expedited hearing shall be arranged under these circumstances).
4. At any time, any member of the IEP team can request an IEP meeting be held to revise the behavior intervention plan. If requested, the meeting must take place.
5. If your child has been suspended or expelled for more than 10 days or has been placed in an alternative educational setting, the school district must ensure that your child has access to the general curriculum and be provided services and modifications described in his/her current IEP.
6. The IEP team, including the parent, may decide that your child should be placed in an interim alternative educational setting for up to 45 days if your child:
   - brings a weapon to school or a school function,
   - is in possession of or using illegal drugs, and/or
   - sells or solicits the sale of a controlled substance while at school or a school function.
7. If the school district believes that your child's behavior is substantially likely to result in injury to himself or herself, the school district may ask a hearing officer to conduct an expedited hearing to consider a change of educational placement. The hearing officer must consider the following factors:
   1. the likelihood that maintaining the current placement will result in injury to your child or others;
   2. the appropriateness of the child's current placement;
   3. whether the school district has made reasonable efforts to minimize the risk of harm in your child's current placement, including the use of supplementary aids and services; and
   4. the interim alternative educational setting that is proposed by school personnel.

The school district may report a crime committed by your cl[illegible] with a disability to appropriate authorities. Law enforcement officers and officers of the court will use federal and state laws to determine appropriate actions. Copies of the special education and disciplinary records of your child will be provided to the appropriate authorities to the extent permitted by the Family Educational Rights and Privacy Act.

MEDIATION

You might disagree with the special education testing, services or placement for your child. You can try to resolve your disagreements by requesting mediation, which is a free service. A mediator is a neutral person, not employed by the school district, who assists you and the school in resolving differences. You may also request a due process hearing. Please have the school explain the process before you make a final decision.

There might be times when you and the school district disagree on important issues regarding your child's education. If agreement cannot be reached, you have the right to request an impartial mediator to help you and the school reach a mutually agreeable solution.

- Both you and the school district must agree to mediation.
- Mediation is conducted by a qualified, impartial mediator, who is trained in effective mediation techniques.
- Mediation is a service that is available to you at no cost, and at a minimum must be available to you when you request a due process hearing.
- Mediation cannot be used to delay or deny your right to a due process hearing or deny any other rights afforded under special education law.
- Each session in the mediation process shall be scheduled in a timely manner and shall be held at a location that is convenient to the parties in the dispute.
- Any agreement reached by the parties in the dispute in the mediation process shall be set forth in a written mediation agreement.
- Discussions during mediation are confidential and may not be used as evidence in subsequent due process hearings or civil proceedings.
- Parties to mediation may be required to sign a confidentiality pledge before the mediation process begins.

STATE COMPLAINT PROCEDURES

If you feel the school district/agency is violating special education requirements for your child, you can file a written complaint with the Colorado Department of Education to resolve the problem.

You have a right to file a written complaint with the Colorado Department of Education if you feel the school district or agency has violated a specific requirement of special education law.

The complaint must be filed in writing with the Colorado Department of Education, Federal Complaints Officer, explaining the alleged violations. The Federal Complaints Officer will have [illegible] calendar days after the complaint is filed to:

1. give the school district or agency an opportunity to respond to the allegations;

2. give the parent an opportunity to submit additional information about the allegations;
3. carry out an independent on-site investigation, if the Federal Complaints Officer determines that an on-site investigation is necessary;
4. review all relevant information and make an independent determination of whether a violation of special education law has occurred;
5. issue a written decision to the school district or agency and the parents of the findings, including reasons for the final decision.

The school district is obligated to implement the final decision.

The address for filing a Federal Complaint is:
Federal Complaints Officer
Colorado Department of Education
201 East Colfax, 3rd floor
Denver, CO 80203

Before filing a Federal Complaint it is advisable to call the Federal Complaints Officer at 303-866-6685.

IMPARTIAL DUE PROCESS HEARING

If an agreement cannot be reached between you and the school district, you may request a due process hearing. The hearing will be conducted by an impartial hearing officer. As a parent involved in the hearing you must be given certain rights, including the right to an appeal.

You or the school district may initiate a due process hearing regarding the school's proposal or refusal to initiate or change the identification, evaluation, or educational placement of your child or [illegible] provision of a free appropriate public education to your child.

Before a hearing is initiated, you or your attorney should provide written notice (which will remain confidential), to the school district, providing the following information:
1. name of your child;
2. address of residence of your child;
3. name of the school your child is attending;
4. description of the problem(s) relating to the proposed or refused initiation or change, including related facts; and
5. a proposed resolution of the problem to the extent known and available to you.

The school district will have a form available for you to use to file the written notice. The school district may not deny you your right to a hearing for failure to provide the notice required.

The written request for a hearing should be submitted to the Director of Special education of your school district. The school district must then immediately inform the Colorado Department of Education of your request for a hearing.

When a hearing is initiated the school district shall inform you of the availability of mediation. The school district must also inform you of any free or low-cost legal or other relevant services available in the area if you or the school initiate a due process hearing. The school should also provide this information to you whenever you request it.

The hearing will be conducted by an impartial hearing officer [illegible]ned through the Colorado Department of Education. The Department maintains a list of hearing officers and statements of their qualifications. Three hearing officers' names, selected by rotation, are provided to the parent(s) and the school district and by process of elimination both parties participate in the determination of a hearing officer.

The hearing cannot be conducted by an employee of the Colorado Department of Education or school district involved with the education or care of your child, or by any person having a personal or professional interest which would conflict with his or her objectivity in the hearing.

The hearing officer should reach a decision within 45 days of your request for a hearing, unless the hearing officer determines that more time is needed.

The decision made in a due process hearing is final unless there is an appeal.

Expedited Due Process Hearings

The Colorado Department of Education will arrange for an expedited hearing, if requested by a parent or school district, in any case where you disagree with issues of placement of your child into an interim alternative placement or in cases where you disagree with a determination that your child's behavior was not a manifestation of his/her disability.

Due Process Hearing Rights

Any party to a hearing or an appeal of a hearing decision has the right to:
1. be accompanied and advised by counsel, and by individuals with special knowledge or training with respect to the problems of children with disabilities;
2. present evidence and confront, cross-examine, and compel the attendance of witnesses;
3. prohibit the introduction of any evidence at the hearing that has not been disclosed to that party at least five (5) days before the hearing;
4. obtain a written or electronic verbatim record of the hearing; and
5. obtain a copy of written or electronic findings of fact and decisions. (After deleting any personally identifiable information, the Colorado Department of Education will transmit those findings and decisions to the State advisory panel and make them available to the public.)

At least five (5) business days before a hearing, each party must disclose to all other parties all evaluations completed by that date, and any recommendations based on any evaluations that the party intends to use at the hearing. A hearing officer may bar any party that fails to comply with this disclosure rule from introducing the relevant evaluation or recommendation at the hearing unless the other party consents to its introduction.

As parents, you must be given the right to have your child present at the hearing, and the right to open the hearing to the public. Each hearing must be conducted at a time and place which is reasonably convenient to you and your child.

The record of the hearing and the findings and hearing decision must be provided to you at no cost.

Administrative Appeal of a Due Process Hearing: Impartial Review

A party may appeal to the Division of Administrative Hearings within 30 days after receipt of the impartial hearing officer's decision.

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If there is an appeal, an administrative law judge shall conduct an impartial review of the hearing and shall:

1. examine the entire hearing record;
2. ensure that the procedures at the hearing were consistent with the requirements of due process;
3. seek additional evidence if necessary (if a hearing is held to receive additional evidence, the hearing rights described above apply);
4. afford the parties an opportunity for oral or written argument, or both, at the discretion of the administrative law judge, at a time and place reasonably convenient to the parties;
5. make a final and independent decision on completion of the review and mail such to all parties within 30 days of the filing or mailing of the notice of appeal; and
6. give a copy of written or electronic findings and the decision to the parties. (After deleting any personally identifiable information, the Colorado Department of Education will transmit those findings and decisions to the State advisory panel and make them available to the public.)

The administrative law judge may grant specific extensions of any of the timelines. The decision made by the administrative law judge is final, unless a party brings a civil action.

CIVIL ACTION

Any party has the right to bring a civil action in State or Federal Court. The action may be brought in any State Court of competent jurisdiction or in a U.S. District Court, without regard to the amount in controversy. In any action brought under this section, a Court shall receive the records of the administrative proceedings, hear additional evidence at the request of a party, and, basing its decision on the preponderance of the evidence, shall grant the relief that the Court determines to be appropriate.

CHILD'S STATUS DURING PROCEEDINGS

Pending any administrative or judicial proceeding, unless you and the school district agree otherwise, your child must remain in his or her present educational placement. However, if the child was placed in an interim alternative educational placement, then the child would remain in the alternative placement pending the decision of the hearing officer, or until the expiration of the time for which the student was removed, whichever comes first (unless the parent and the school district agree to another placement). If school personnel maintain that it is dangerous for the child to be in the current placement (placement prior to removal to the interim alternative educational setting), pending a due process proceeding, the school district may request an expedited due process hearing.

If a hearing involves an application for initial admission to public school, your child, with your consent, must be placed in the public school program until the completion of all the proceedings.

AWARD OF ATTORNEY'S FEES

In any action or proceeding discussed above, the Court, in its discretion, may award reasonable attorney's fees as part of the cost to the parents or guardians of a child or youth with disabilities who is the prevailing party. However, neither due process hearing officers, nor the federal complaints officer, may award attorney's fees.

Attorney fees may not be awarded for any meeting of the IEP Team unless such a meeting is convened as a result of an administrative proceeding or judicial action.

PRIVATE SCHOOL PLACEMENT

If the parents of a child with a disability enroll their child in a private school without the consent of the school district, a court or due process hearing officer may require the school distric [illegible] reimburse the parents for the cost of that enrollment only [illegible] court or hearing officer finds the school district has not made a fre appropriate public education available to the child, prior to enrollment, and that the private placement is appropriate.

This brochure was developed by the
Colorado Department of Education,
Special Education Services Unit,
and the
Mountain Plains Regional Resource Center.

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Una Explicación de los Procedimientos de Seguridad
para los Padres de Niños
con Discapacidades

Derechos Educacionales de los Padres

Bajo la Cláusula del Acta de Educación para Individuos con Discapacidades (IDEA) y las Reglas para la Administración del Acta de Educación para Niños Excepcionales

cde

Departamento de Educación de Colorado
Unidad de Servicios de Educación Especial

Agosto de 1999

INTRODUCCIÓN

En este folleto se describen los derechos educacionales de los padres requeridos bajo las reglas y reglamentos federales y estatales de educación especial. Es muy importante que usted, como padre, entienda sus derechos de educación especial relacionados con su hijo.

El personal de la escuela esta disponible para ayudarle a entender estos derechos incluyendo, si usted lo solicita, proveerle detalles adicionales. La escuela puede proveerle un intérprete o traductor si es necesario, para así estar seguros de que usted entiende sus derechos.

Si usted tiene alguna pregunta o necesita más información comuníquese con:

Nombre ____________ Teléfono ____________

EDUCACIÓN APROPIADA PÚBLICA Y GRATUITA

Usted tiene el derecho de participar en juntas referentes a la:

- identificación,
- evaluación,
- elegibilidad
- creación del Plan Individualizado de Educación (IEP),
- ubicación, y
- entrega de educación pública gratuita y apropiada para su hijo. (FAPE)

La maestra de educación general de su hijo debe de estar involucrada en el desarrollo del IEP de su hijo.

Un niño elegible con discapacidades tiene el derecho de recibir educación apropiada gratuita descrita en el plan individualizado de educación (IEP). La función del !EP es describir las necesidades especiales de su hijo.

ELIMINACIÓN DE SERVICIOS DE FAPE

Los derechos de un estudiante de recibir FAPE bajo la ley de educación especial, terminan al final del semestre en el cual cumple 21 años de edad, o cuando el estudiante se ha graduado con un diploma de preparatoria o GED. Los derechos de un estudiante de recibir FAPE no se cancelan con ningún otro tipo de certificados o graduación.

Los derechos de un estudiante de recibir FAPE bajo la ley de educación especial también pueden cancelarse si el equipo IEP determina que los servicios de educación especial ya no son necesarios. Si los padres no están de acuerdo en que su hijo o hija deba graduarse con un diploma de preparatoria, o que su hijo/a ya no necesitan servicios de educación especial, ellos tienen el derecho a una audiencia de proceso para resolver el desacuerdo.

NOTIFICACIÓN PREVIA A LOS PADRES

La escuela debe notificarle por medio de una carta si está proponiendo o negando cambios al programa de educación especial de su hijo. La notificación debe ser fácil de entender. Usted también debe de recibir notificación de las reuniones de educación especial sobre su hijo en un tiempo razonable para que pueda asistir a tales reuniones.

El distrito escolar debe darle una notificación por escrito cada vez que propongan o nieguen iniciar o cambiar la identificación, evaluación, o la ubicación educacional de su hijo o de recibir gratuitamente educación pública para su hijo.

La notificación debe de incluir:

1. una explicación detallada, en su propio idioma, de los procedimientos de seguridad y del procedimiento de quejas;
2. una descripción de la acción propuesta o negada por el distrito escolar;
3. una explicación del porqué el distrito escolar propone o se niega a tomar la acción;
4. una descripción de cualquiera otra opción que el distrito escolar este considerando y porqué las opciones anteriores fueron rechazadas;
5. una descripción de cada procedimiento utilizado en las evaluaciones, pruebas, y resultados o reportes que el distrito escolar usó como base para proponer o negar la acción;
6. una descripción de cualquier otro factor que sea relevante a la propuesta o negación por parte de la escuela;
7. una declaración de que usted, como padre de un niño con discapacidades, está bajo la protección del procedimiento de seguridad de
la ley de educación especial, y que usted sabe que puede obtener una copia de los procedimientos de seguridad; y

8. recursos para que usted pueda contactar y obtener asistencia para entender claramente los requisitos de educación especial.

Si usted necesita asistencia para entender cualquiera de los procedimientos de seguridad, o cualquier otra cosa relacionada con la educación de su hijo, por favor comuníquese con el Director de Educación Especial de su distrito escolar.

Se le entregará inmediatamente una copia del procedimiento de seguridad para los padres:

- cuando se inicie el proceso de evaluación,
- cada vez que se le notifique de la reunión del IEP,
- con la reevaluación a su hijo, y
- cuando reciba del distrito escolar una petición para una audiencia de proceso.

La notificación del procedimiento de seguridad para los padres debe estar escrita en el idioma que usted habla o en alguna otra forma de comunicación, a menos que sea claramente imposible hacerlo, y escrito en una forma que sea fácil de entender. El distrito escolar tiene que asegurarse de que usted entiende sus derechos legales de educación especial, así como de que este documento sea traducido para usted, si es necesario, y documentar que le otorgaron a usted apropiadamente sus derechos.

PERMISO DE LOS PADRES

Se requiere su permiso por escrito antes que su hijo sea evaluado, reevaluado o integrado al programa de educación especial.

La escuela debe obtener permiso por escrito, de usted, antes de que su hijo sea evaluado o reevaluado o de recibir cualquier servicio relacionado con educación especial. Sin embargo, en los casos de reevaluación, el distrito escolar no necesita tener permiso por escrito si se puede demostrar que se ha hecho todo lo posible para obtener tal permiso y usted no ha respondido. El distrito escolar puede solicitarle su permiso para otros servicios y actividades.

Su permiso no es requerido antes de que sea revisada toda la información acumulada como parte de la evaluación o de la reevaluación. Tampoco se necesita su permiso antes de hacer pruebas u otras evaluaciones que son aplicadas a todos los niños y hayan pedido el permiso previo a todos los padres.

La información con respecto a su permiso tiene que ser escrita en el idioma que usted habla o en alguna otra forma de comunicación. Usted debe de entender:

- la razón del porqué, se le pide permiso por escrito
- que dar permiso por escrito es voluntario, y
- que usted puede revocar su permiso en cualquier momento. (si usted revoca su permiso, esa acción no es retroactiva [por ejemplo: no se aplica a una acción que haya ocurrido después de que usted firmara el permiso y antes de que el permiso se revocara]).

Su permiso debe de identificar cualquier documento que será otorgado, a quien le será otorgado, y cual es el propósito por el que es otorgado. Dar este permiso quiere decir que usted entiende y esta de acuerdo que la escuela puede llevar acabo las actividades a las cuales usted a dado su permiso.

Si usted no da permiso para que se inicie una evaluación o una reevaluación, el distrito escolar tratará de seguir con la evaluación usando el derecho a una audiencia de proceso para resolver el desacuerdo. Durante el proceso de la audiencia de proceso, su hijo/a se mantendrá en el programa de educación actual, a menos que usted y el distrito escolar acuerden otra cosa. El distrito escolar no puede usar su oposición a dar consentimiento para un servicio o actividad para negarle a usted o su hijo/a algún otro servicio, beneficio, o actividad del distrito escolar, excepto las que son requeridas bajo la ley de educación especial. A si mismo usted tiene el derecho de apelar la decisión del oficial de audiencia.

EVALUACIÓN EDUCACIONAL INDEPENDIENTE

Si usted no está de acuerdo con los resultados de la evaluación dada a su hijo por la escuela, usted puede pedir una evaluación independiente dirigida por alguien que no sea empleado del distrito escolar.

Si usted no está de acuerdo con los resultados de la evaluación dada a su hijo por la escuela, usted puede pedir una evaluación sin costo alguno dirigida por un evaluador independiente que no sea empleado del distrito escolar, a menos que la escuela pueda demostrar que su evaluación es suficiente. Una evaluación independiente educativa es la que se lleva a cabo por un examinador calificado en la materia y que no es empleado del distrito escolar.

El distrito escolar le puede proveer, si usted lo solicita, información sobre donde puede usted obtener una evaluación educativa independiente.

El distrito escolar puede iniciar la audiencia de proceso para demostrar que la evaluación del distrito es suficiente. Si el oficial de audiencia determina que la evaluación es apropiada, usted aún tiene el derecho a una evaluación educativa independiente, usted tiene que costearla.

Si usted pide una evaluación educacional independiente, el distrito escolar puede preguntarle porqué usted no acepta la evaluación publica. Así mismo, el distrito escolar no puede pedirle una explicación, y el distrito escolar no puede irracionalmente retrasar el proceso de proveer fondos públicos para una evaluación educativa independiente, o la iniciación de una audiencia de proceso para defender la evaluación de ellos.

Si usted obtiene una evaluación educativa independiente con fondos privados, los resultados de la evaluación deben ser considerados por el equipo de evaluación y/o por el equipo de planeación en cualquier decisión hecha con respecto a recibir educación pública gratuita apropiada para su hijo, y puede ser presentada como evidencia en la audiencia de proceso de su hijo.

Si el oficial de audiencia de proceso ordena una evaluación educativa independiente como parte del proceso legal, el costo de la evaluación debe ser pagado con fondos públicos.

Cuando una evaluación independiente es a costo público, el criterio bajo el cual dicha evaluación es obtenida, incluyendo el lugar donde se va a efectuar y la experiencia del examinador, debe de ser igual al criterio que usa el distrito escolar cuando empieza una evaluación para que sea consistente con sus derechos a una evaluación educacional independiente. El distrito escolar no debe de imponer restricciones adicionales o de tiempo relacionadas con obtener una evaluación independiente pagada con fondos públicos.

PADRE EDUCACIONAL SUBSTITUTO

Algunos niños no tienen padres que aboguen por ellos en el proceso de educación especial. Un padre educacional substituto es alguien asignado para representar al niño en las juntas de educación especial.

Cada distrito escolar debe tener un método para determinar si un niño necesita un padre educacional substituto y de ser necesario asegurarse que alguna persona sea asignada por el Departamento de Educación de Colorado, para que actúe como padre educacional substituto para el niño cuando los padres de este no se conocen y/o el distrito escolar no puede, después de grandes esfuerzos, localizar a las padres, o si los derechos de patria potestad han sido retirados para ese niño.

La persona asignada como padre educacional substituto no debe ser empleado de la agencia de educación del estado, del distrito escolar, o ninguna otra agencia que esté relacionada en la educación o cuidado del niño.

El padre educacional substituto puede representar al niño en todos los asuntos relacionados con la identificación, evaluación, y ubicación educacional del niño, incluyendo el que reciba educación pública apropiada y gratuita para el niño.

TRANSFERENCIA DE LOS DERECHOS LEGALES AL CUMPLIR LA MAYORIA DE EDAD

Cuando el estudiante cumple 21 años de edad, o se emancipa, todos los derechos legales de educación especial son transferidos de los padres al estudiante.

Todos los derechos legales de educación especial son transferidos al estudiante cuando éste cumple la mayoría de edad bajo la ley estatal (21 años en Colorado), o antes si el estudiante se emancipa. Estos derechos incluyen, pero no están limitados a: permiso para evaluación o re-evaluación, decisiones de servicios y ubicación, y a una audiencia de proceso bajo los derechos de educación especial.

El distrito escolar debe notificar al estudiante y a los padres acerca de la transferencia de derechos. Este proceso debe empezar un año antes de que el estudiante cumpla la mayoría de edad, el IEP del estudiante debe incluir una declaración de que el estudiante ha sido informado de sus derechos, bajo IDEA, que le serán transferidos al cumplir la mayoría de edad.

EXPEDIENTES DEL ESTUDIANTE

Usted tiene el derecho de ver y solicitar copias del expediente educativo de su hijo. Si no está de acuerdo con algún asunto en el expediente, usted puede pedir que lo cambien o lo quiten del expediente.

ACCESO A LOS EXPEDIENTES

El Acta de derechos y privacidad educacional de la familia (FERPA) le otorga derechos a los padres en cuanto a la educación de sus hijos. Estos derechos se transfieren al estudiante, o a un exalumno, que esté asistiendo a cualquier escuela de mayor nivel que preparatoria, o que ha cumplido 18 años de edad. Las escuelas pueden seguir dando acceso a los expedientes a los padres de los estudiantes que tienen 18 años y son dependientes.

Su distrito escolar debe permitirle inspeccionar y revisar cualquier expediente educativo referente a su niño con respecto a la identificación, evaluación, y ubicación educacional de su hijo, y de recibir educación pública y apropiada gratuitamente para su hijo. El distrito escolar debe cumplir con su petición sin retrasos innecesarios, y antes de cualquier junta referente a IEP, o cualquier audiencia de proceso relacionada con la identificación, evaluación, o ubicación educacional de su hijo, o la de recibir educación pública y apropiada gratuitamente para su hijo, y en ningún caso deben de pasar más de 45 días después de que su petición haya sido hecha.

El derecho de inspeccionar y revisar el expediente educacional bajo esta sección incluye:

- el derecho a una respuesta de la escuela, o de otras agencias participantes, a peticiones razonables de explicaciones e interpretación de los expedientes;
- su derecho a tener un representante que inspeccione y revise los expedientes; y
- su derecho a solicitar que el distrito escolar le entregue copias del expediente que contiene la información, el hecho de no cumplir con tales requisitos le impide a usted ejercer el derecho de inspeccionar y revisar los expedientes.

La escuela asume que usted tiene autoridad de inspeccionar y revisar expedientes relacionados con su hijo a menos que el distrito escolar haya sido notificado que usted no tiene tal autoridad de acuerdo a las leyes estatales que rigen casos como guardianes legales, separación y divorcio.

Si algún expediente educativo incluye información de varios niños, usted tiene el derecho de inspeccionar y revisar la información relacionada solamente con su hijo o de ser informado de dicha información específica.

El distrito escolar tiene que proveerle, si usted lo solicita, una lista de los tipos y localización de los expedientes que son archivados, actualizados, y usados por el distrito escolar.

CUOTAS POR BUSCAR, SACAR, Y COPIAR EXPEDIENTES

La escuela no debe cobrar por buscar o sacar información del expediente educativo de su hijo, pero puede cobrar una cuota por las copias de los expedientes que se entregan a los padres si esta cuota no priva a los padres de ejercer su derecho de inspeccionar o revisar tales expedientes.

REGISTRO DE ACCESO A LOS EXPEDIENTES

La escuela debe de mantener un registro de las personas u organizaciones que tienen acceso a los expedientes educativos de su hijo, incluyendo el nombre de la persona u organización, la fecha en que se les dio acceso, y el propósito por el cual la persona u organización fue autorizada para usar los expedientes. La escuela no tiene porque mantener un registro de acceso de padres o estudiantes elegibles, o del personal autorizado de la escuela.

CORRECCIÓN DE LOS EXPEDIENTES A PETICIÓN DE LOS PADRES

Su usted cree que la información en el expediente educacional de su hijo es incorrecta, engañosa o viola el derecho de privacidad, u otros derechos de su hijo, usted puede pedirle al distrito escolar que corrija la información. El distrito escolar debe decidir si debe o no corregir la información dentro de un tiempo razonable a partir de haber recibido su petición. Si el distrito escolar decide no corregir la información, este debe informarle de su rechazo y de su derecho a una audiencia.

El distrito escolar debe proporcionar una oportunidad para una audiencia (bajo los derechos educacionales de la familia y el acto de privacidad) para desafiar la información en los expedientes educativos y así asegurarse que tal información no es incorrecta, engañosa, o viola su derecho de privacidad, u otros derechos del estudiante.

Sí, como resultado de la audiencia, el distrito escolar decide que la información es incorrecta, engañosa o viola el derecho de privacidad, u otros derechos del estudiante, debe corregir la información e informarle a usted, de los cambios, por escrito.

Sí, como resultado de la audiencia, el distrito escolar decide que la información no es incorrecta, engañosa o viola el derecho de privacidad, u otros derechos de su hijo, debe informarle a usted de su derecho a dejar por escrito en el expediente su inconformidad con la decisión de la escuela. Cualquier explicación anexada al expediente del estudiante debe ser archivada por la escuela como parte del expediente educativo por el tiempo que la escuela tenga en su poder los archivos o la sección en cuestión. Si los expedientes o la sección en cuestión son expuestos por el distrito escolar a cualquier persona u organización, la inconformidad también les debe ser entregada.

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DISCIPLINA

La disciplina es una parte importante del aprendizaje. El equipo del IEP, incluyendo a los padres, necesita determinar los procedimientos apropiados de disciplina para estudiantes con discapacidades.

Los temas relacionados con la disciplina de estudiantes con discapacidades son extensos. Se puede obtener más información a través de la administración de la escuela o del equipo de IEP.

La educación pública adecuada y gratuita debe de ser disponible para todos los niños elegibles con discapacidades, incluyendo a los niños con discapacidades que han sido retirados de la escuela (por ejemplo, niños suspendidos o expulsados) por mas de un total de diez días escolares en el año escolar.

1. Después de un total de 10 días escolares:
   El equipo de IEP debe de reunirse para:
   - Desarrollar un plan para dirigir una asesoría de comportamiento funcional.
   - Desarrollar un plan completo de intervención de conducta, incluyendo la intervención de conductas apropiadas para dirigir, o para revisar y modificar el plan de conducta actual.
   - Determinar si el niño esta recibiendo una educación apropiada.
   - Además, una determinación manifestara para decidir si existe una relación entre la discapacidad de su hijo y su comportamiento deberá ser conducida.
2. Si como resultado de la determinación manifestada, el equipo de IEP, incluyendo a los padres, están de acuerdo en que:
   A. Si los servicios no fueron apropiados o si el comportamiento fue una manifestación de la discapacidad de su hijo, entonces,
      - su hijo no debe ser retirado, (expulsado o suspendido) por más de 10 días a menos que una de las siguientes circunstancias se aplique:
        - su hijo tenía en su posesión drogas o armas, o
        - es determinado que el o ella es capaz de lastimarse a si mismo o a otros (vea el número 6 y 7); o

   B. La conducta de su hijo/a no fue una manifestación de su discapacidad, entonces,
      - su hijo debe de ser disciplinado de la misma manera que se le disciplinaría a un niño sin discapacidades, y
      - el distrito escolar debe de seguir proveyendo a su hijo una educación pública adecuada y gratuita.
3. Si usted está en desacuerdo con la determinación de que la conducta de su hijo/a no fue una manifestación de su discapacidad o de la decisión referente a su ubicación, entonces usted puede solicitar una audiencia (una audiencia expedita puede ser arreglada bajo estas circunstancias).
4. En cualquier momento, cualquier miembro del equipo de IEP puede pedir que se lleve a cabo una junta para revisar el plan de intervención de conducta. Si se solicita, la junta debe de llevarse a cabo.
5. Si su hijo ha sido suspendido o expulsado por más de 10 días o ha sido ubicado en un programa educacional alternativo, el distrito escolar debe asegurarse que su hijo tiene acceso al currículum general y que se le provea los servicios y modificaciones descritas en el más reciente IEP de su hijo/a.
6. El equipo de IEP, incluyendo a los padres, puede decidir que el niño debe ser ubicado provisionalmente en un ambiente alterno hasta por 45 días si su hijo:
   - trae una arma a la escuela o a algún evento escolar,
   - tiene en su posesión o está usando drogas ilegales, y/o
   - vende o solicita substancias controladas mientras está en la escuela o en algún evento escolar.
7. Si el distrito escolar cree que por la conducta presentada por su hijo es probable que pueda lastimarse a si mismo, el distrito escolar puede pedir un oficial de audiencia para dirigir una audiencia expedita y considerar un cambio de ubicación educativa. El oficial de audiencia debe considerar los siguientes factores:
   1. la probabilidad de que mantener la presente ubicación podría resultar en daños a si mismo y a otros;
   2. que tan apropiado es el presente lugar para el niño;
   3. si el distrito escolar ha hecho esfuerzos razonables para minimizar el riesgo de daño en la presente ubicación de [illegible] hijo, incluyendo el uso de ayuda adicional y servicios; y
   4. el ambiente educacional provisional que ha sido propuesto por el personal de la escuela.

El distrito escolar puede reportar un crimen cometido por su hijo con discapacidades a las autoridades correspondientes. El personal que ejecuta las leyes y los oficiales de la corte usarán leyes federales y estatales para determinar las acciones apropiadas. Copias de los expedientes de educación especial y disciplina de su hijo serán entregados a las autoridades correspondientes permitidas bajo los derechos educacionales de la familia y el acta de privacidad.

MEDIACIÓN

Si usted está en desacuerdo con las pruebas, servicios o ubicación de su hijo dentro del programa de educación especial. Usted puede tratar de resolver el desacuerdo solicitando mediación, que es un servicio gratuito. Un mediador es una persona neutral que no es empleado del distrito escolar, y que le ayudará a usted y a la escuela a resolver el conflicto. Usted también puede solicitar una audiencia de proceso. Por favor haga que la escuela explique el proceso antes de que usted haga su decisión final.

Habrá situaciones cuando usted y el distrito escolar estén en desacuerdo sobre temas importantes acerca de la educación de su hijo. Si no se puede llegar a un acuerdo, usted tiene el derecho de solicitar un mediador imparcial que le ayude a usted y a la escuela a alcanzar una solución conveniente para ambas partes.

- Tanto usted como el distrito escolar deben de estar de acuer[illegible] en la mediación.
- La mediación es dirigida por un mediador calificado e imparcial que está entrenado en técnicas efectivas de mediación.
- Mediación es un servicio disponible para usted sin costo alguno, y como mínimo debe de estar disponible para usted cuando solicita una audiencia de proceso.
- La mediación no se puede utilizar para retrasar o negar el derecho que usted tiene a una audiencia de proceso o negarle algún otro derecho que usted tenga bajo la ley de educación especial.
- Cada sesión en el proceso de mediación debe ser programada de tal manera que se lleve a cabo en un horario y lugar convenientes para los participantes en conflicto.
- Cualquier acuerdo alcanzado en el proceso de mediación por los participantes en conflicto debe ser hecho oficial por escrito en un acuerdo de mediación.
- Las discusiones durante la mediación son confidenciales y no pueden ser usadas como evidencia en audiencias de proceso posteriores o en procedimientos civiles.
- Se les puede pedir a los participantes en la mediación que firmen un contrato de confidencialidad antes de que el proceso empiece.

PROCEDIMIENTO PARA QUEJARSE AL ESTADO

Si usted siente que el distrito escolar/agencia está violando los requerimientos de educación especial de su hijo, usted puede presentar una queja por escrito con el Departamento de Educación de Color[illegible] para resolver el problema.

Usted tiene derecho a presentar una queja por escrito con el Departamento de Educación de Colorado si siente que el distrito escolar o agencia ha violado un requerimiento específico de la ley que rige la educación especial.

La queja debe de presentarse por escrito con el Departamento de Educación de Colorado, Oficial Federal de Quejas, explicando las violaciones que se alegan. El Oficial Federal de Quejas tendrá 60 días después de que se presente la queja para:

1. darle al Distrito o agencia una oportunidad de responder a la queja;
2. darle a los padres una oportunidad de agregar información sobre la queja;
3. llevar a cabo una investigación local e independiente si el Oficial Federal de Quejas determina que es necesaria;
4. revisar toda la información relevante y tomar una determinación, independientemente de que si hubo o no una violación a la ley de educación especial;
5. proporcionar una decisión por escrito al distrito escolar o agencia y a los padres, de sus hallazgos, incluyendo las razones para justificar la decisión final.

El distrito escolar esta obligado a implementar la decisión final.

La dirección para presentar una queja por escrito es:

Federal Complaints Officer
Colorado Department of Education
201 East Colfax, 3rd floor
Denver, CO 80203

Antes de presentar una queja al Tribunal Federal, se recomienda que usted hable con el Oficial Federal de Quejas al: 303-866-6685.

AUDIENCIA IMPARCIAL DE PROCESO

Si no se puede llegar a un acuerdo entre usted y el distrito escolar, usted puede pedir una audiencia de proceso que será dirigida por un oficial de audiencia imparcial. A usted, como padre involucrado en la audiencia, deben darle ciertos derechos, incluyendo el derecho a una apelación.

Usted o el distrito escolar pueden iniciar una audiencia de proceso referente a la propuesta o negación de la escuela de iniciar o cambiar la identificación, evaluación o ubicación educacional o de que reciba educación pública apropiada y gratuita para su hijo.

Antes de que se inicie una audiencia, usted o su abogado deben dar aviso por escrito (el cual se mantendrá confidencial), al distrito escolar, proporcionando la siguiente información:

1. nombre de su hijo/a;
2. dirección donde reside su hijo/a;
3. nombre de la escuela a la que asiste su hijo/a;
4. descripción de los problemas, que tienen que ver con la propuesta o negación inicial o cambios, incluyendo hechos relacionados; y
5. una propuesta para resolver el problema hasta el grado que conoce y que es disponible para usted.

El distrito escolar tendrá a su disposición una forma que usted puede usar para presentar su queja por escrito. El distrito escolar no le puede negar su derecho a una audiencia si usted no ha presentado la forma requerida por escrito.

La forma escrita en la que usted pide una audiencia debe de ser entregada al Director de Educación Especial de su distrito escolar. El distrito escolar deberá inmediatamente informar al Departamento de Educación de Colorado (CDE) que usted está pidiendo una audiencia.

Cuando se inicia una audiencia el distrito escolar debe de informarle a usted que puede disponer de los servicios de mediación. El distrito escolar también debe de informarle de cualquier servicio legal o relevante, ya sea gratuito o de bajo costo, disponible en el área para usted o la escuela, si usted o la escuela inician una audiencia de proceso. La escuela debe también darle esta información cuando usted la pida.

La audiencia será dirigida por un oficial de audiencia imparcial que provee el Departamento de Educación de Colorado. El Departamento mantiene una lista de oficiales de audiencia y declaraciones de sus aptitudes. Los padres y la el distrito escolar reciben una lista con tres nombres de oficiales de audiencia, seleccionados por rotación, y por medio de eliminación tanto los padres como el distrito escolar determinan quien será el oficial de audiencia que llevará el caso.

La audiencia no puede ser dirigida por un empleado del Departamento de Educación de Colorado o del distrito escolar involucrado con la educación o cuidado de su hijo/a, o por ninguna otra persona que tenga un interés personal o profesional que afecte su objetividad en la audiencia.

El oficial de audiencia debe de alcanzar una decisión dentro de 45 días a partir de haber recibido la petición de audiencia, a menos de que el oficial de audiencia determine que se necesita más tiempo.

La decisión tomada en una audiencia de proceso es final, a menos que esta se apele.

AUDIENCIA DE PROCESO EXPEDITA

El Departamento de Educación de Colorado arreglará una audiencia expedita, si los padres o el distrito escolar lo solicitan, en cualquier caso en que usted no esté de acuerdo con la ubicación de su hijo dentro de una ubicación alternativa provisional o en casos en los que usted no está de acuerdo con la determinación de que la conducta de su hijo no es una manifestación de su discapacidad.

DERECHOS EN UNA AUDIENCIA DE PROCESO

Cualquier parte en una audiencia o apelación a una decisión de audiencia, tiene derecho a:

1. estar acompañado y aconsejado por un abogado y por individuos con conocimiento especial o entrenamiento especializado en problemas de niños con discapacidades.
2. presentar evidencia y confrontar, interrogar, y exigir la presencia de testigos;
3. prohibir la introducción de cualquier evidencia durante la audiencia que no haya sido revelada por lo menos cinco (5) días antes de la audiencia a esa parte;
4. obtener una acta verbatim escrita o electrónica de la audiencia; y
5. obtener una copia escrita o electrónica de las decisiones y hechos tomados. (Después de eliminar cualquier información que le pueda identificar personalmente, el Departamento de Educación de Colorado transmitirá estos fallos y decisiones al panel y los hará disponibles al público.)

Por lo menos cinco (5) días hábiles antes de una audiencia, cada parte debe revelar a todas las otras partes, las evaluaciones terminadas hasta esa fecha, y cualquier recomendación basada en cualquier evaluación que la parte intente usar en la audiencia. Un oficial de audiencias puede prohibir a cualquiera de las partes que haya fallado en el cumplimiento de esta regla de revelación al introducir evaluaciones relevantes o recomendaciones a la audiencia, a menos que los otros participantes acepten la introducción de dicha información.

Como padres, ustedes deben recibir el derecho de tener a su hijo presente en la audiencia, y el derecho de abrir la audiencia al público. Cada audiencia debe llevarse a cabo a una hora y en un lugar que sea razonablemente conveniente para usted y su hijo.

A usted, deben de entregarle sin costo alguno el reporte de la audiencia y de las decisiones y determinaciones tomadas en ella.

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APELACIÓN ADMINISTRATIVA DE UNA AUDIENCIA DE PROCESO: REVISIÓN IMPARCIAL

Cualquiera de las partes puede apelar a la División Administrativa de Audiencias dentro de los 30 días después de recibir la decisión por parte del oficial de audiencia imparcial.

Si hay una apelación, un juez en derecho administrativo debe de dirigir una revisión imparcial de la audiencia y deberá:

1. examinar todos los expedientes de la audiencia;
2. asegurarse de que los procedimientos en la audiencia fueron consistentes con los requerimientos del proceso debido;
3. buscar evidencia adicional si es necesaria (si una audiencia se lleva a cabo para recibir evidencia adicional, los derechos de audiencia descritos arriba se aplican);
4. proporcionarles a las partes una oportunidad para presentar sus argumentos orales y/o escritos, a discreción del juez en derecho administrativo, a una hora y lugar razonablemente conveniente para ambas partes.
5. tomar una decisión final e independiente sobre la revisión terminada y enviarle esta por correo a las partes dentro de los 30 días de haber completado o enviado el aviso de apelación; y
6. dar una copia escrita o electrónica de las determinaciones y las decisiones de las partes (Después de eliminar cualquier información que le pueda identificar personalmente, el Departamento de Educación de Colorado transmitirá estos fallos y decisiones al panel y los hará disponibles al público.)

El Juez de derecho administrativo puede conceder extensiones especificas a cualquiera de los plazos. La decisión tomada por el juez administrativo es la final, a menos que alguna de las partes inicie una acción civil.

ACCIÓN CIVIL

Cualquiera de las partes tiene el derecho de iniciar una acción civil en un Tribunal Estatal o Federal. La acción puede llevarse a cabo en cualquier Tribunal Estatal o jurisdicción complementaria o en la Corte o Tribunal de Distrito, sin importar la magnitud de la disputa. En cualquier acción llevada a cabo bajo esta sección, la Corte debe recibir los registros de los procedimientos administrativos, oír evidencia adicional a petición de alguna de las partes, y, basando su decisión en la preponderancia de la evidencia, debe conceder el desagravio que la Corte determine sea el apropiado.

SITUACIÓN DEL NIÑO/A DURANTE LA GESTIÓN

Mientras este pendiente cualquier proceso administrativo o judicial, a menos que usted y el distrito escolar hayan acordado otra cosa, su hijo/a debe permanecer en su actual ubicación educacional. De cualquier modo, si el niño fue ubicado en un lugar educacional provisional, entonces la duración de la estancia del niño en este lugar dependerá de la decisión del oficial de audiencia, o será hasta el término del tiempo por el cual el estudiante fue retirado, lo que ocurra primero (a menos que los padres y el distrito escolar acuerden otra ubicación). Si el personal de la escuela sostiene que es peligroso para el niño permanecer en la actual ubicación (ubicación anterior al traslado hacia el establecimiento educacional alternativo y provisional), durante los procedimientos del debido proceso, el distrito escolar puede pedir una audiencia d[illegible] proceso expedita.

Si una audiencia involucra una solicitud de admisión inicial para una escuela pública, su hijo/a, con su permiso, debe colocarse en el programa de escuelas públicas hasta que terminen todos los procedimientos.

ADJUDICACIÓN DE HONORARIOS LEGALES

En cualquier acción o procedimiento descrito anteriormente, la Corte, a su discreción, puede adjudicar honorarios legales razonables como parte del costo para los padres o guardianes del niño o joven con discapacidades que sea la parte predominante. Sin embargo, ningún oficial de audiencia u oficial federal de quejas, debe adjudicar honorarios legales.

Los honorarios legales no pueden ser adjudicados por ninguna junta del equipo IEP a menos que dicha junta sea convenida como resultado de un procedimiento administrativo o acción judicial.

UBICACIÓN EN LA ESCUELA PRIVADA

Si los padres del niño con discapacidades inscriben a su hijo en una escuela privada sin el consentimiento del distrito escolar, la corte o el oficial de audiencia de proceso puede pedirle al distrito escolar que reembolse a los padres el costo de inscripción solo si la corte o el oficial de audiencia descubren que el distrito escolar no le estaba proporcionando al niño una educación pública apropiada y gratuita, antes de la inscripción, y que la escuela privada es la apropiada.

Este documento fue desarrollado por el
Departamento de Educación de Colorado,
Unidad de Servicios de Educación Especial,
y el
Centro de Recursos Regionales
Mountain Plains

1-00

THE LEGAL CENTER IS PLEASED TO ANNOUNCE 3 NEW PUBLICATIONS!

These resources are friendly and especially designed with parents in mind. They also have essential information for educators, advocates and others wanting to know more about the rights of children with disabilities to education and assistive technology.

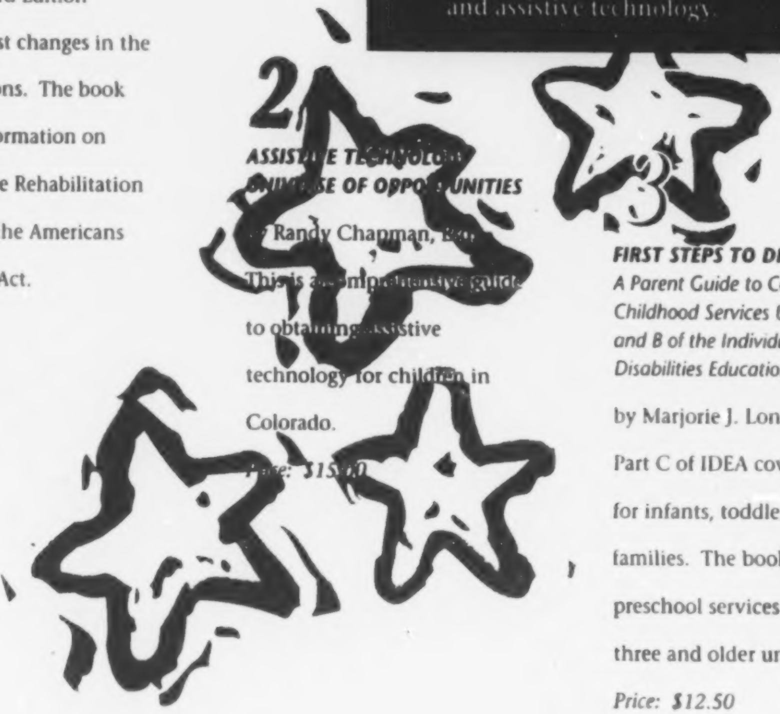
1

THE NEW HANDBOOK FOR SPECIAL EDUCATION RIGHTS

by Randy Chapman, Esq.

This is Colorado's best guide on the Individuals with Disabilities Education Act (IDEA). It is the long awaited Third Edition covering the latest changes in the law and regulations. The book also includes information on Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act.

Price: $15.00



2

ASSISTIVE TECHNOLOGY: UNIVERSE OF OPPORTUNITIES

by Randy Chapman, Esq.

This is a comprehensive guide to obtaining assistive technology for children in Colorado.

Price: $15.00

3

FIRST STEPS TO DISCOVERY:

A Parent Guide to Colorado's Early Childhood Services Under Parts C and B of the Individuals with Disabilities Education Act

by Marjorie J. Long, Esq.

Part C of IDEA covers services for infants, toddlers and families. The book also covers preschool services for children three and older under Part B.

Price: $12.50

ABOUT THE AUTHORS . . .

Randy Chapman has been the Director of Legal Services at The Legal Center for 20 years. Randy's influence helped shape the implementation of special education law in Colorado, and he is one of the leading experts in the country in this field.

Marjorie J. (Peg) Long currently works for the Arc in Jefferson County. She has practiced in the area of special education law since 1985 and has made significant contributions in legal and policy work on behalf of children in Colorado.

- -

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We'd Like to Introduce Ourselves
PEAK Parent Center, Inc.

peak parent center, inc.

Our purpose is to assist you.

PEAK Parent Center provides training and information to families of children with disabilities and also to the educators, medical professionals, and others who work with them. Our primary intent is to help families help their children.

We offer you lots of help and information.

- A toll-free hotline **1-800-284-0251**
- Community workshops
- Conferences
- Monthly calendar of parent support activities
- SPEAK OUT newsletter (3 times yearly)
- Partners in Leadership

Calling our hotline will make a difference.

A Parent Advisor will:

- Listen to your concerns.
- Address questions pertaining to your child.
- Share information about best instructional practices.
- Give you factual information and brainstorm options.
- Help you find support groups and community resources.
- Mail you information on topics or interest to you.
- Help you learn communication strategies, so families and professionals can work together as partners.

PEAK's services to families are free.

There is no charge for standard community and regional workshops, and the Calendar of Parent Support Activities and Speak Out are mailed free to families, educators, and other professionals in Colorado.

We teach you to become your child's best advocate.

PEAK staff do not usually attend IEP meetings with families. We try to connect you with someone in your community to go with you. PEAK's philosophy is to teach families how to actively participate so they can become their child's best advocate.

PEAK does not provide legal counsel.

- We can tell you your rights under the law, but we don't give legal counsel.

IEP Coffees

PEAK offers informal IEP coffees. Bring in your child's IEP or IFSP to brainstorm ideas for implementation and learn tips about what's working for other parents.

PEAK workshops can be held in your area.

We train in all areas of the state where families and educators need information and where local sponsors are identified. Each workshop is conducted by PEAK's staff and trainers. Participants receive a packet of up-to-date materials for later use.

We offer workshops on a wide range of topics:

- Basic IEP Workshop
- IDEA '97
- Accommodations & Modifications
- IFSP
- Continuity
- Post-Secondary Planning

Other PEAK Activities:

PEAK is the primary sponsor of the Colorado Conference on Inclusive Education

This annual conference draws over 1000 families and educators from across the nation.

We have materials in Spanish and bilingual trainers.

PEAK has materials in Spanish and presents some workshops in Spanish.

PEAK cannot help you pay for services.

PEAK can refer you to agencies which may be able to help you pay for your child's equipment, service, or therapy needs.

Many PEAK staff are parents of children who have disabilities.

Many of PEAK's staff are former teachers. About one-half of the staff work part-time.

It's easy to get on our mailing list.

Call and give us your name and address

Call or e-mail PEAK today!

1-800-284-0251 e-mail: info@peakparent.org

PEAK Parent Center is Colorado's federally funded Parent Training and Information Center serving families of children with disabilities throughout the state.

Barbara Buswell, Executive Director

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Opening Doors:
Connecting Students to Curriculum, Classmates, and Learning

Opening Doors: Connecting Students to Curriculum, Classmates, and Learning

Edited by Barbara E. Buswell, Parent and Secondary General Educator;
C. Beth Schaffner, Parent and Inclusive Practices Director;
Alison B. Seyler, Parent and Writer

This new and innovative second edition - based on the original best selling version - is written for educators and parents about including all students in general education classes and activities. This unique text answers "How will I make this work?" Chapter topics co-authored by leading education experts include instructional strategies, curriculum modifications, behavior, standards, literacy, and providing supports.

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Inclusive Elementary Schools: Recipes for Success

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A state-of-the-art step by step process to determine what and how to teach elementary students with disabilities in inclusive classrooms.

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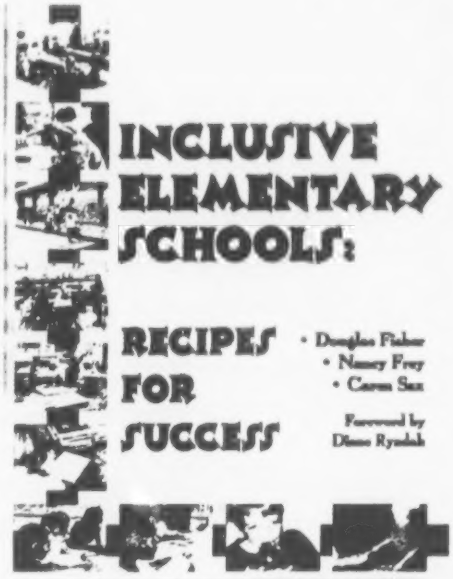
INCLUSIVE ELEMENTARY SCHOOLS:
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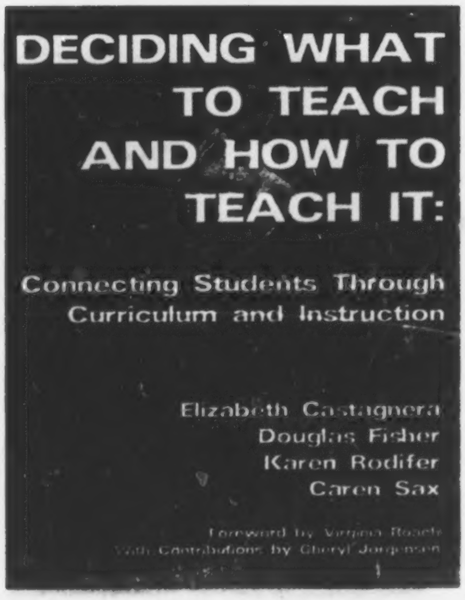

DECIDING WHAT TO TEACH AND HOW TO TEACH IT:

Connecting Students Through Curriculum and Instruction

Elizabeth Castagnera
Douglas Fisher
Karen Rodifer
Caren Sax

Foreword by Virginia Roach
With Contributions by Cheryl Jorgensen

Deciding What to Teach and How to Teach It: Connecting Students Through Curriculum and Instruction

By Elizabeth Castagnera, Inclusion Support Teacher, San Diego, CA; Douglas Fisher, Faculty Member in Teacher Education, San Diego State University, Karen Rodifer, Inclusion Support Teacher, San Diego. CA; and Caren Sax, Faculty Member in Education, San Diego State University

Provides exciting and practical resource tips to ensure that all students participate and learn successfully in secondary general education classrooms. Leads the reader through a step by step process for starting with general curriculum, making accommodations and modifications, and providing appropriate supports. Planning grids and concrete strategies make this an essential tool for both secondary educators and families.
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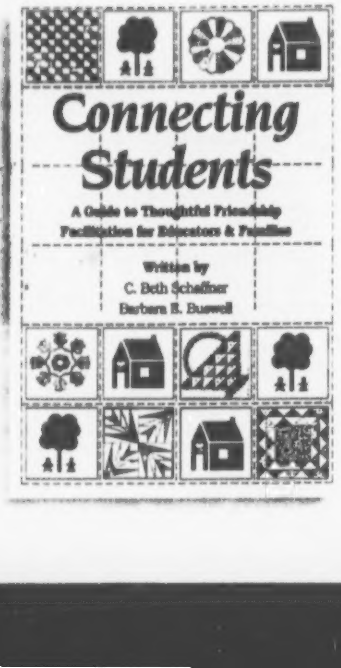
Friendship-Building Strategies Workshop Kit
Second Edition

By Barbara E. Buswell, C. Beth Schaffner, and Alison B. Seyler

Everything you need in one convenient kit! Assists families, teachers, advocates, and others to learn effective ways to facilitate friendships among all students. Offers strategies for structuring classrooms and schools into caring communities. Includes a script, 14 color transparencies, camera-ready packet originals, and a resource list.

Terrific resource for staff training or parent groups.
Price: $89

Friendship
Building
Strategies



Connecting Students

A Guide to Thoughtful Friendship Facilitation for Educators & Families

Written by
C. Beth Schaffner
Barbara E. Buswell

Connecting Students: A Guide to Thoughtful Friendship Facilitation for Educators and Families

By C. Beth Schaffner and Barbara E. Buswell

Research shows that having authentic, meaningful relationships with peers increases social and academic success for students with disabilities. This guide offers readers real-life examples of how friendship facilitation can be implemented in very natural ways in schools, neighborhoods, and communities.
Price: $10

Purchase this guide to extend the learning opportunities from the workshop kit

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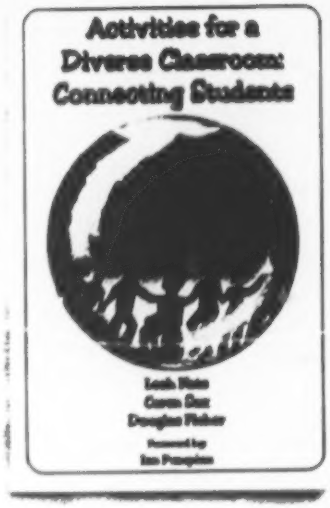
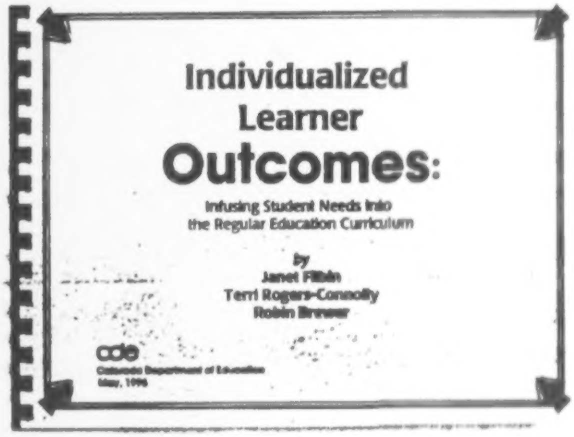


Activities for a Diverse Classroom: Connecting Students

Activities for a Diverse Classroom: Connecting Students

Terrific resource for elementary teachers! This popular book offers teachers 13 fun and enriching "do it tomorrow" activities designed to build acceptance, belonging, and friendships among all students throughout the academic year. Each activity includes extension ideas for linking students' learning to the general education curriculum.

Price: $10



Individualized Learner Outcomes:

Infusing Student Needs into the Regular Education Curriculum

by
Janet Filbin
Terri Rogers-Connolly
Robin Brewer

cde
Colorado Department of Education
May, 1996

Individual Learner Outcomes: Infusing Student Needs into the Regular Education Curriculum

By Janet Filbin, Senior Consultant, Colorado Department of Education, Terri Rogers-Connolly, Supervisor, Colorado Department of Education, and Robin Brewer, Senior Consultant, Colorado Department of Education

Offers a process to address specific needs of students with disabilities within the regular education curriculum and classroom activities. Shows how a student-centered planning process can work effectively with the IEP process. Includes concrete examples for both elementary and secondary schools as well as checklists and forms.

Price: $9

Developing a Behavior Support Plan: A Manual for Teachers and Behavioral Specialists

By Lewis Jackson, Associate Professor, University of Northern Colorado and Marjorie Leon, Behavior Specialist, Colorado Springs School District 11, in partnership with the Colorado Department of Education

Educators share that teaching students with troubling behavior is one of their major challenges. This manual can help! Readers will learn 8 easy steps for assessing student behaviors and developing positive, proactive behavior support plans. Includes innovative charts and forms as well as powerful examples from the authors' experience.

Price: $12

Developing a Behavior Support Plan

A Manual for Teachers and Behavioral Specialists

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A Tool for Realizing Possibili
El IEP:
Un Instrumento Valioso para Realizar las Posibilidade

The IEP - A Tool for Realizing Possibilities (Video)

By PEAK Parent Center in partnership with San Diego State University

Highlights the importance and use of the IEP as the basic tooi in designing and delivering supports and services for students with disabilities. Shows students successfully included in general education classrooms. Useful for building confidence in family members about their vital role in the IEP process. 20 minutes. Available in English and Spanish.

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Developing a Behavior Support Plan, second edition		$12	
Friendship-Building Strategies Kit		$89	
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What they are saying across the country about PEAK Parent Center's materials . . .

> *"PEAK materials not only show parents and educators the possibilities, they show them how to get there and also provide both groups with a common vocabulary."*
>
> Nancy Frey, Florida Inclusion Network

> *"By applying the skills and concepts found in PEAK's materials, we have seen excellent outcomes for children in our schools."*
>
> Ron Hage, Director of Special Education,
> School District #11, Colorado Springs, CO

> *"I always look to PEAK to be on the cutting edge of innovation. Their materials explore important issues in school reform and demonstrate how inclusion is an integral part of what is good for ALL kids."*
>
> Liz Healey, Parent; Member of the Pittsburgh School Board;
> President, International TASH

IEP
Preparation
Packet

(revised February, 2000)

Family members are equal participants on the team which develops their child's Individual Education Plan (IEP). Families have long-range vision and commitment to their child and hold important information about their child's strengths, interests and needs.

A new dimension of IDEA '97 is that *all* students are entitled to access the general education curriculum with individually determined supports, accommodations and modifications so that they can be successful.

This packet was designed by PEAK to help you prepare for the IEP meeting by thinking through each step of the process before the meeting.

peak parent center
6055 lehman drive
colorado springs, co 80918
719-531-9400 800-284-0251
info@peakparent.org

NEEDS

After listing the child's strengths and "present level of educational performance" (how he/she is doing now), the team brainstorms a list of needs. Needs are the building blocks for the rest of the IEP. The purpose of an "Individualized Education Plan" is to meet the unique needs of the child.

This section should address what a child needs in order to participate successfully and meaningfully in school in the general education curriculum (a new provision of IDEA '97), and be a successful member of her or his school and neighborhood communities now and in the future.

As you did with **STRENGTHS**, you will want to get input from family, friends, child care providers and other people who know the child well.

EXAMPLES OF NEEDS:

1. To develop friendships with classmates which can carry over to the neighborhood.
2. Opportunities to increase his reading comprehension skills.
3. Consistency and a routine to help him feel secure.
4. Daily homework checklist
5. A proactive behavior support plan which is followed by all adults in the school and at home

List your child's needs.....

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SHORT TERM OBJECTIVES

(Performance Indicators)

Short term objectives are the smaller steps that need to be taken to reach the measurable goals that were developed. IDEA '97 states that the school must report back to the parent at specific times (just as frequently as they report the progress of typical students) on the child's progress toward reaching the annual goals.

Following are examples of short term objectives for several of the goals from the previous page:

GOAL: John will be able to successfully express and defend his point of view expressed in a written essay as measured by teacher evaluation and the district writing assessment.

Short Term Objectives:

1. Complete an internet search on a selected topic to gather information.
2. Identify and record facts from research that support his opinion.

Goal: Mary will use correct picture symbols to communicate food choices during morning lunch count 4 times per week, measurable by weekly communication between Mary and her teacher regarding progress. Documentation will take the form of a teacher journal.

Short Term Objective :

1. Indicate likes and dislikes for typical lunchroom fare.

Look at each of your child's goals and list the short term objectives which will help the child reach the goals.

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FINAL THOUGHTS

Now that you have had a chance to prepare for your child's IEP meeting, you can be a more active participant in planning your child's "Individualized Education Plan."

The IEP must be developed by team consensus, with parents as equal members. Parents can ask for a review IEP meeting at any time to review the IEP or to change it if their child reaches goals or if his or her needs change or they feel that things aren't going well.

If you have questions or would like additional information about the IEP process, call PEAK Parent Center at (719) 531-9400 or 1 (800) 284-0251.

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COMPARISON

ISSUES	SECTION 504	INDIVIDUALS WITH DISABILITIES EDUCATION ACT	AMERICANS WITH DISABILITIES ACT
TYPE	A Civil Rights Law	An Education Act	A Civil Rights Law
TITLE	The Rehabilitation Act of 1973	The Individuals With Disabilities Education Act (IDEA)	Americans With Disabilities Act of 1990 (ADA)
PURPOSE	A civil rights law that protects the rights of individuals with disabilities in programs and activities that receive Federal financial assistance from the U.S. Department of Education.	A federal funding statute whose purpose is to provide financial aid to states in their efforts to ensure a free appropriate public education for students with disabilities.	A civil rights law that provides a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities.
RESPONSIBILITY	General education	Special education	Public and private schools, business establishments and public buildings. (services)
FUNDING	State and local responsibility(no federal funding)	State, local, and federal. IDEA funds cannot be used to serve students eligible only under Section 504	Public and private responsibility (no federal funding)
ADMINISTRATOR	Section 504 coordinator (Systems with 15 plus employees)	Special education director or designee	Requirement for school districts with 50 plus employees. Using a 504 coordinator is suggested.
SERVICE TOOL	Adjustments and/or services	Individualized Education Program (IEP)	Reasonable accommodations and legal employment practices

ISSUES	SECTION 504	INDIVIDUALS WITH DISABILITIES EDUCATION ACT	AMERICANS WITH DISABILITIES ACT
POPULATION AND ELIGIBILITY	Identifies student as disabled so long as she/he meets the definition of qualified persons with disabilities; i.e., has or has had a physical or mental impairment which substantially limits a major life activity, or is regarded as disabled by others. Protections apply to employees and applicants for employment and members of the public in certain circumstances.	Identifies qualifying conditions for student eligibility: physical disability, vision disability, hearing disability, significant limited intellectual capacity, significant identifiable emotional disability, perceptual or communicative disability, speech-language disability, multiple disabilities, preschool child with a disability, an infant/toddler with a disability.	Identifies person as disabled so long as she/he meets the definition of a qualified person with disabilities; i.e., has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment or is regarded as disabled by others, applies to students, employees and members of the public.
FREE APPROPRIATE PUBLIC EDUCATION	Could receive special education services, related services and/or special adjustments.	Must qualify as needing special education and then could be eligible for a related service.	Addresses education in terms of accessibility requirements. Requires private and public entities not to use employment practices that discriminate on the basis of a disability.

ISSUES	SECTION 504	INDIVIDUALS WITH DISABILITIES EDUCATION ACT	AMERICANS WITH DISABILITIES ACT
ACCESSIBILITY	Federal regulations regarding building and program accessibility requires that reasonable accommodations be made.	Requires that modifications must be made if necessary to provide access to a free appropriate public education.	Requires that public programs be accessible to individuals with disabilities.
UNDUE HARDSHIP	Consideration is given for the size of the program, extent of accommodation, and cost relative to the total school budget in analyzing accessibility accommodations.	Budget and administrative convenience are rarely justifiable reasons for not serving a student.	Consideration is given to the size of the business and its budget, type of operation, nature and cost of accommodation.
ATTENTION DEFICIT DISORDER	The individual could receive services if the impairment substantially limited the major life activity of learning.	The individual could receive special education if he/she first qualified under one of the following disabilities; learning disability, other health impaired, emotional disturbance, or traumatic brain injury.	The individual could receive services if the impairment substantially limited the major life activity of learning.
DRUG AND ALCOHOL USE	Current drug use is not considered a disability. An individual who has stopped using drugs and/or alcohol and is undergoing rehabilitation could be protected.	Drug and alcohol use is not identified as a disability.	Current drug use is not considered a disability. Current alcohol abuse that prevents individuals from performing duties of the job or that constitutes a direct threat to property or safety of others is not considered a disability.
CONTAGIOUS DISEASES	Excludes from protection any individual with a contagious disease that renders the individual unable to perform the job or is a danger to others. Students are protected from discrimination.	Could be eligible under the category of "other health impaired."	Permits qualification standard requiring that an individual with a currently contagious disease or infection not pose a direct threat to the health or safety of others.

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Issues	Section 504	Individuals With Disabilities Education Act	Americans with Disabilities Act
PROCEDURAL SAFEGUARDS	Both require notice to the parent or guardian with respect to identification, evaluation, and placement.	Notice provisions are much more comprehensive. Minimum requirements of the notice are specified	Rights may be enforced through complaint process or civil court. Self-evaluations and transition plans are required and updated annually.
NOTICE AND CONSENT	Notice is required before a "significant change in placement." Consent is considered a best practice.	Written notice is required prior to any change in placement. Consent is required before the initial evaluation and placement.	
EVALUATIONS	Evaluation draws on information from a variety of sources in the area of concern. Decisions are made by a group knowledgeable about the student, evaluation data, and placement options. Requires written parental notice. Requires periodic reevaluations. Reevaluation is required before a significant change in placement.	A full comprehensive evaluation is required assessing all areas related to the suspected disability. The student is evaluated by a multidisciplinary team. Consent is required before the initial evaluation is conducted. Requires reevaluations to be conducted at least every 3 years. A reevaluation is not required before a significant change in placement. However, most students covered by IDEA are also eligible under Section 504.	

ISSUES	SECTION 504	INDIVIDUALS WITH DISABILITIES EDUCATION ACT	AMERICANS WITH DISABILITIES ACT
EVALUATIONS CONT.	No provision is made for independent evaluations at district expense. The school district should consider other evaluations and information regarding the student.	Provides for independent educational evaluation. A due process hearing is available if the school and parent disagree on the need for an independent evaluation.	
PLACEMENT	When interpreting evaluation data and making placement decisions, both laws require districts to: * Draw upon information from a variety of sources. * Assure that all information is documented and considered. * The placement decision is made by a group of persons including those who are knowledgeable about the student, disability, the meaning of the evaluation data and placement options. * Ensure that the student is educated with his/her nondisabled peers to the maximum extent appropriate (Least Restrictive Environment--LRE) * Requires notice and evaluation before any change of placement.		
REVIEW OF PROGRAM	Adjustments should be reviewed periodically.	An IEP review meeting is required at least annually, or before any significant change.	
GRIEVANCE PROCEDURES	Requires districts to provide a grievance procedure for parents, students, and employees.	Does not require a grievance procedure.	Any school district shall adopt and publish grievance procedures for resolution of ADA complaints.

ISSUES	SECTION 504	INDIVIDUALS WITH DISABILITIES EDUCATION ACT	AMERICANS WITH DISABILITIES ACT
DUE PROCESS	Both statutes require districts to provide impartial hearings for parents or guardians who disagree with the identification, evaluation, or placement of student with disabilities. School districts or parents can initiate due process hearings. Requires that the parent have an opportunity to participate and be represented by counsel. Other details are left to the discretion of the local school district. Policy statements should clarify specific details. Delineates specific requirements.		
MEDIATION	Not required, however mediation should always be suggested.	Not required, however mediation should always be suggested.	
EXHAUSTION	Administrative hearing is not required prior to OCR involvement or court action.	The parent or guardian should exhaust all adminstrative hearings before seeking court action.	An administrative hearing is not required prior to OCR involvement or court action.
ENFORCEMENT	Enforced by the U.S. Office for Civil Rights. Regional offices are located throughout the United States.	Enforced by the U.S. Office of Special Education Programs. Compliance is monitored by the State Board of Education and the Office of Special Education Programs. The Colorado Department of Education will resolve complaints under Individuals with Disabilities Education Act.	Enforced by the U.S. Office for Civil Rights under an agreement with EEOC.

INCLUDING CHILDREN WITH DISABILITIES: STEPS TO SUCCESS

Importance of Inclusion

All children are special and have unique needs whether they do or do not have a disability. Because of stereotyping, most people don't realize that children with disabilities may be as different from each other as they are from children without disabilities. Including all kinds of children in child care and school settings encourages the celebration of these individual differences. Similarly, diversity in children's abilities and backgrounds enhances and enriches their learning experiences. A nurturing environment provides all children with opportunities to explore and develop their unique abilities and gifts.

What are the benefits of including children?

All children, families and caregivers benefit when children with disabilities are cared for in typical child care environments.

Benefit of inclusion for children with or without disabilities

- *Make friends.*
- *Learn by modeling others.*
- *Show more pride in their achievements.*
- *Build interdependence and ability to deal with obstacles.*
- *Notice how they are similar.*
- *Develop better language and communications skills.*
- *Develop interpersonal skills.*
- *Demonstrate better problem-solving ability.*
- *Learn to become more assertive.*
- *Learn self-respect by being a part of a positive, normal environment.*
- *Learn to accept others as they are.*
- *Develop patience and compassion.*
- *Learn to accept their own strengths and needs.*
- *Accept each other as people, not as a label.*
- *Learn to help others.*

Benefit of inclusion for families

- *Enable parents to work because they have access to inclusive child care services.*
- *Understand that all children have negative behaviors such as tantrums or toilet problems.*
- *Discover ways to include children with diverse abilities and interests.*
- *Learn to relax and take a break from their children.*
- *Discover that others can provide a secure and nurturing environment for their children.*
- *Learn to accept their own child's strengths and needs.*
- *Share common experiences.*
- *Feel a kinship with other parents.*

Benefit of inclusion for child care providers

- *Develop networks of professional services and community resources.*
- *Expand their knowledge about disabilities.*
- *Develop an awareness that all people have unique needs.*
- *Create an enriched setting to encourage understanding and flexibility in including children with disabilities.*
- *Realize and appreciate differences.*
- *Develop compassion, kindness and respect for others.*
- *Acquire a larger share of the market by enhancing their center's image.*
- *Take advantage of potential tax credits/deductions.*

PEOPLE-FIRST LANGUAGE

Do not refer to a child's disability unless it is relevant.

❧

Use "disability" rather than "handicap" to refer to a child's disability.

❧

When referring to a child's disability, use people-first language. Say "child with mental retardation" rather than "a mentally retarded child."

❧

Avoid referring to children with disabilities as "the disabled," "the deaf," "epileptics, " "the retarded," "a quadriplegic."

❧

Avoid negative or sensational descriptions of a child's disability.

❧

Don't portray children with disabilities as overly courageous, brave, special or superhuman.

❧

Don't use "normal" to describe children without disabilities, instead say "children without disabilities" if comparisons are necessary.

❧

Never say "wheelchair bound" or "confined to a wheelchair"; instead say "uses a wheelchair." Mobility or adaptive equipment affords freedom and access.

❧

Never assume that a child with a communication disorder (speech impediment, hearing loss, motor impairment) also has a cognitive disability such as mental retardation.

These guidelines are excerpts from the pamphlet "Talking About Disability: A Guide to Using Appropriate Language". For free copies, write or call:
Coalition for Tennesseans with Disabilities, 2416 21st Avenue, Suite 206
Nashville, TN 37212
(615) 292-1740

100

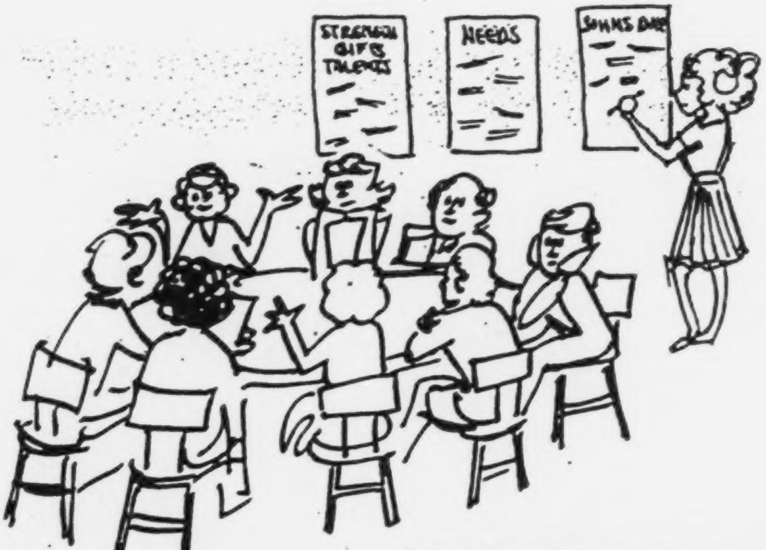
MAKING THE IEP PROCESS WORK:
TIPS FOR PARENTS

- Know your dreams for your child and establish firm beliefs
- Seek out resources— "knowledge is power"
- Prepare for staffing
  - write down your ideas
  - make a list of what's working /what's not
  - review past IEP's
- Take notes during the meeting
- Be clear, specific
- Ask questions; ask for clarification
- Ensure that team establishes an IEP accountability plan

TIPS FOR STRUCTURING EFFECTIVE TEAM MEETINGS

The way the team meeting itself is structured can affect the efficiency and productivity of the team. Some key strategies which can help teams ensure efficient meetings are:

- Designate roles (facilitator, recorder, time keeper, transcriber)
- Stick to a pre-arranged agenda with time limits for discussion items
- Always begin with a celebration of successes
- Always end with an Action Plan which specifically designates WHO will do WHAT by WHEN
- Record the meeting's proceedings on charts on the wall using colors and graphics
- Provide a transcription of the meeting's proceedings to all participants as soon as possible after the meeting



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The Individual Education Plan: What To Do If It Is Not Working

After a child's IEP team has developed and written the IEP and it is being implemented, what should parents do if they think their child's IEP does not seem to be working?

Before beginning the change process, parents should remember to use the chain of command within the school district structure. Skipping over anyone along the way can cause hard feelings and may cause the whole process to take longer. The child may suffer in the long run if the change is not made as quickly as possible.

Know the Problem

Parents have a legal right to express disagreement with the school about their child's educational program. But before going to the school to give their opinions, parents should know and be able to explain what changes they think would improve their child's program. They should write down what the problem is, including examples of what is actually happening and what they think would correct the situation. It is also important to keep notes about what happens at each step of the process described below.

Talk to the Teacher

When the parents have gathered this information, they should first go to the teacher who spends the most time with their child during the school day. Or if the child is in middle or high school, go to the teacher where the difficulties seem to be. The teacher may be able to make changes which will improve the situation.

For example: if the child's IEP says the child should have extra time to do class work and the child is staying in from recess to meet expectations, but he or she still needs the recess break, the teacher might modify the length of assignments for the child.

Review and Change the IEP

If a major change is needed, parents should request a meeting to discuss the situation and make changes or additions to the IEP. Although only one annual IEP meeting is required, additional meetings can be held during the year if anyone on the team feels there is a need.

An example of this kind of change to the IEP would be if the parents think the child needs positive behavior support strategies but this is not stated in the IEP. In this case a written change should be made and stapled to the original IEP. Parents might also realize during the regular school year that their child might benefit from instruction during the summer. They should request an IEP meeting to have extended-year services considered by the team.

See the Special Education Director

If the parents and the school cannot come to agreement on how to reach positive solutions, the parents should then involve the supervisor for special education or the special education director for the school district. Parents should take their notes about the child's situation with them, in order to explain the situation clearly.

Begin Mediation/Legal Action

If parents cannot resolve their differences with the school district, they may request that the Colorado Department of Education provide a mediator and/or they may use the due process procedures under the Individuals with Disabilities Education Act, (IDEA). Depending on the nature of the change in the program desired by the parents, due process procedures can involve either a written complaint to the Colorado Department of Education or a due process hearing before an impartial hearing officer.

Parents who feel they have reached this point can get details about the next steps from PEAK Parent Center, 1-800-284-0251.

PEAK Parent Center, Inc., 6055 Lehman Drive, #101, Colorado Springs, CO 80918 ,(719)531-9400, (719)531-9403, (TTD) 1-800-284-0251 for parents in Colorado, FAX: (719)531-9452, E-mail: info@peakparent.org, Webpage: www.peakparent..org

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INCLUSIVE SCHOOLING IS...

. . . Providing necessary supports and services for students with and without disabilities to learn together successfully in regular classrooms in their neighborhood schools

. . . Supporting students to participate in all facets of school life

. . . Facilitating opportunities for friendships to develop

. . . Implementing accommodations so that all students can learn side by side even though they have some different educational goals or skill levels

. . . Creatively utilizing available resources and supports to meet individual students' unique needs

. . . Supporting regular education teachers

. . . Using innovative strategies for students' varied learning styles

. . . Infusing related services into the regular classroom

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INCLUSIVE SCHOOLING IS NOT. . .

. . . Dumping students in regular classes without necessary supports and services

. . . Trading off educational quality for inclusion in the regular classroom

. . . Doing away with or cutting back on special education services

. . . Ignoring each student's unique needs

. . . All students learning the same thing, at the same time, in the same way

. . . "Plugging students in" to existing special education programs or supports

. . . Expecting regular education teachers to teach without the support they need

. . . Sacrificing the education of typical students

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START HERE!

A Guide to Resources and Services For Families of Children with Disabilities 1998

CDDPC
COLORADO
DEVELOPMENTAL
DISABILITIES
PLANNING COUNCIL

Corrections to Start Here: A Guide to Resources and Services for Families of Children with Disabilities 1998

The following are corrections, clarifications, and additions to this handbook made since the handbook was published.

Page 11, The first sentence of the paragraph at the top of the page should read: Child Find is a free program within the public school systems designed to identify children from birth through twenty-one years of age who may have special needs.

June 9, 1999

777 GRANT ST., SUITE 304 DENVER, CO 80203 TDD/VOICE (303) 894-2345 FAX (303) 894-2880 E-MAIL: CDDPC@AOL.COM

START HERE!

A Guide to Resources and Services For Families of Children with Disabilities

1998 Update by:
Colorado Developmental Disabilities Planning Council

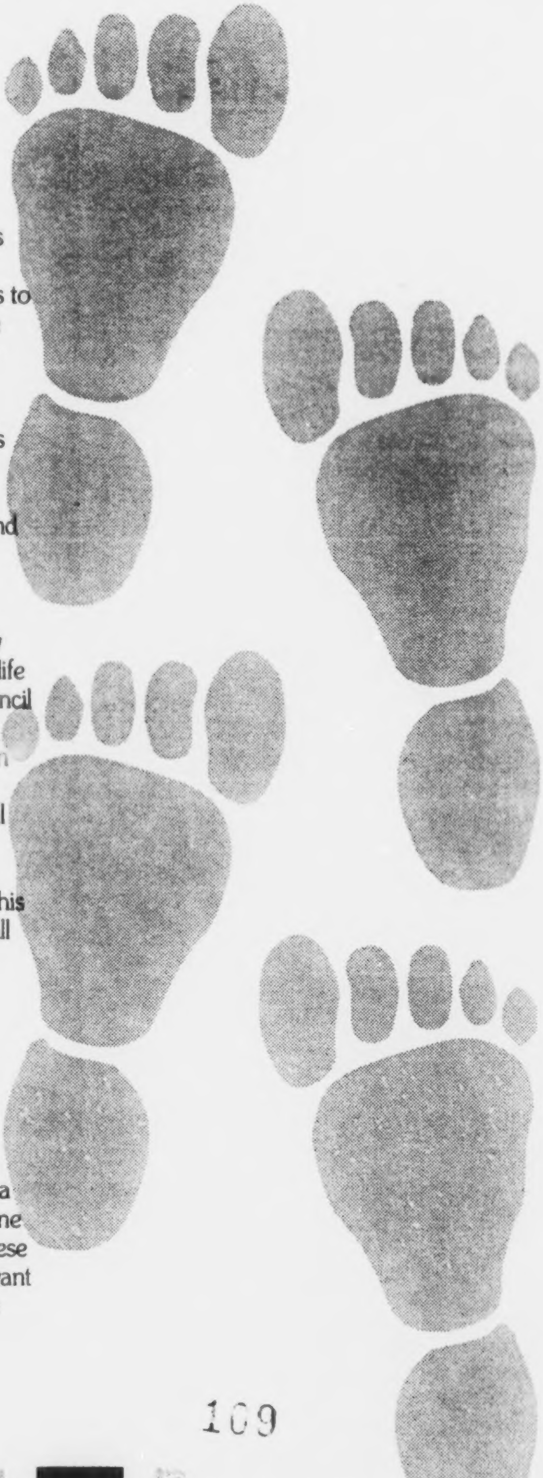
Funded by:
Colorado Developmental Disabilities
Planning Council

Copies of "Start Here!" are available through:

Colorado Developmental Disabilities
Planning Council
777 Grant Street, Suite 304
Denver, CO 80203

303-894-2345

Colorado Developmental Disabilities Planning Council



The Colorado Developmental Disabilities Planning Council's goal is to support individuals with developmental disabilities to be a real part of their communities. The 24 member Council is appointed by the Governor and serves in an advisory capacity to the Governor and General Assembly on matters affecting individuals with developmental disabilities.

The Council's guiding principles are found in their Policy Papers on Supporting Families and Inclusion. The Council affirms, promotes and supports the full inclusion of all people, of any age or any culture or ethnicity, into every aspect of life and into every area of society. The Council promotes inclusive education, life in the community of choice, work at real jobs in the community and support for families with family members with developmental disabilities to live at home.

The Council's Policy Papers, as well as this booklet, are available free of charge. Call 303-894-2345 for more information.

This Start Here! booklet is exactly that - a place to start. We do not recommend one group or organization over another. These are resources that we know about and want to share with you. As you use these, we know you will discover many more.

START HERE!

Community Centered Board:

Often referred to as a "CCB", they serve individuals with developmental disabilities and their families who live in the area served by the Board. This is where you can find out about Family Support Services and other programs. Each CCB has a different name and a different service area. Many have long waiting lists. Some offices serve more than one county.

See Page 17 for a complete listing of all CCBs in Colorado, and the areas they serve.

Part C Network:

The Individuals with Disabilities Education Act (IDEA) is federal education legislation which supports the rights of children with special needs to access certain services and supports. Part C is the infant/toddler part of IDEA and addresses the priorities and concerns of families of children from birth to 3 years old. There are Part C networks throughout Colorado that include veteran parents who will assist families to access Part C services and supports in their community.

(See Page 35)

Child Find:

Child Find is a program within the public school systems designed to identify children from birth through twenty-one years who have special needs.

Parents, physicians and other professionals may request that Child Find check a child's vision, hearing, language development, physical development and ability to learn. If a child is found to have, or be at risk of having, a disability, Child Find will help the family get the services and support it needs.

(See Page 11)

Public Health Department:

Local county health departments and nursing services offer a program for children who are financially eligible and have special health care needs - referred to as Health Care Program for Children with Special Needs (HCP). Services can include diagnosis and treatment, care coordination and referral to other services, hospital care, physician services, and some medical equipment. Other programs offered through county health agencies include Well Child, Immunizations and Prenatal Care Clinics, Women Infants and Children (WIC), etc.

(See Page 37)

In addition to these primary resources, there are many organizations and places you can contact for information and assistance.

Be sure to review the other resources in this directory.

RESOURCES FOR SPECIFIC NEEDS:

Page
Adoption 5
Advocacy 6
ARCs/ACLs 9
Assistive Technology Information 10
Child Find Coordinators 11
Community Centered Boards (CCBs) 17
Crisis Resources 20

Family Support

  Resource and Referral 23
  Support Groups 25
In-Home Care 28
Information and Training 29
Medical Needs 30
Mental Health Centers 32
Part C. Coordinators 35
Public Health Departments 37
Recreation 44
Respite 49
Transition 51
Transportation 52

ORGANIZATION LISTS

National Organizations 54

ADOPTION

For information about adoption of a child, you can call your county department of social services, The Adoption Exchange, or the state special needs adoption supervisor listed below. For other adoption agencies, refer to the yellow pages of the telephone book.

THE ADOPTION EXCHANGE
14232 E. Evans Avenue, Aurora, CO 80014
303-755-4756

COLORADO DEPARTMENT OF HUMAN SERVICES, SPECIAL NEEDS ADOPTION
1575 Sherman, Ground Floor, Denver, CO 80203
303-866-3209 or 303-866-3197

JEWISH CHILDREN'S ADOPTION NETWORK
P.O. Box 16544, Denver, CO 80216-0544
303-573-8113

ADVOCACY

Definition: The process of supporting, defending or working fo[illegible] specific goal on behalf of one or more other persons. An advocate may be an individual or an agency that provides support for you or represents you and others like you in trying to change opinions, policies or laws affecting you.

(ADAPT) AMERICAN DISABLED FOR ATTENDANT PROGRAMS TODAY
201 S. Cherokee, Denver, CO 80223
303-733-9324

ALZHEIMER'S ASSOCIATION
ROCKY MOUNTAIN CHAPTER
789 Sherman Street, Suite 500
Denver, CO 80203
303-813-1669 or 1-800-864-4404

AMERICAN CANCER SOCIETY COLORADO DIVISION
2255 S. Oneida, Denver, CO 80224
303-758-2030

AMERICAN COUNCIL OF THE BLIND
1201 E. Colfax, Suite 250
Denver, CO 80218
303-831-0117

ARTHRITIS FOUNDATION
2280 S. Albion Street, Denver, CO 80222
303-756-8622

ASIAN PACIFIC DEVELOPMENT CENTER
1825 York Street, Denver, CO 80206
303-393-0304

THE ARC OF COLORADO
777 Grant Street, Suite 203
Denver, CO 80203
303-864-9334

ATLANTIS COMMUNITY, INC.
201 Cherokee, Denver, CO 80203
303-733-9324

ATTENTION DEFICIT DISORDER ADVOCACY GROUP (ADDAG)
1045 Lincoln, Suite 100
Denver, CO 80203
303-861-0267
303-675-5337 Information and Referral

AUTISM SOCIETY OF AMERICA COLORADO CHAPTER
5031 W. Quarles Dr., Littleton, CO 80123
303-978-1440

BRAIN INJURY ASSOCIATION OF COLORADO
6825 E. Tennessee Avenue, #405
Denver, CO 80224
303-355-9969

BRAIN INJURY TASK FORCE OF COLORADO
HANGOUT RESOURCE NETWORK
6001 W. 16th Avenue
Lakewood, CO 80214
303-462-0380

CENTER FOR INDEPENDENCE
1600 Ute Avenue, Stuite 100
Grand Junction, CO 81501
970-241-0315

CENTER ON DEAFNESS
1900 Grant Street, Suite 1010
Denver, CO 80203
303-839-8022

COALITION FOR PERSONS WITH DISABILITIES
12100 W. Alameda Parkway
Lakewood, CO 80228-0962
303-987-2490

COLORADANS FOR FAMILY SUPPORT
P.O. Box 563, Louisville, CO 80027-0101
303-665-3897

COLORADO AIDS PROJECT
701 E. Colfax, Suite 212
Denver, CO 80203
303-837-0166

COLORADO BEHAVIORAL HEALTHCARE COUNCIL (CBHC)
1580 Logan Street, Suite 300
Denver, CO 80203
303-832-7594

COLORADO DEVELOPMENTAL DISABILITIES PLANNING COUNCIL
777 Grant St. Suite 304
Denver, CO 80203
303-894-2345

COLORADO DIVISION OF INSURANCE
303-894-7490

COLORADO SPRINGS INDEPENDENCE CENTER
21 E. Las Animas
Colorado Springs, CO 80903
719-471-8181

COLORADO TASH
1147 Columbia Drive
Longmont, CO 80503
303-772-7700 or 303-776-7799

COMMUNITY RESOURCE CENTER
1245 E. Colfax, Suite 205
Denver, CO 80218
303-860-7711

COLORADO CROSS DISABILITY COALITION
1210 E. Colfax, Suite 405
Denver, CO 80218
303-839-1775

COLORADO SPINA BIFIDA ASSOCIATION
P.O. Box 22994, Denver, CO 80222
303-423-0096

CONNECTIONS FOR INDEPENDENT LIVING
1024 9th Avenue, Suite E
Greeley, CO 80631
970-352-8682

CREATIVE OPTIONS
CENTER FOR EARLY EDUCATION
1700 S. Holly Street, Denver, CO 80222
303-691-9668

DENVER COMMISSION FOR PEOPLE WITH DISABILITIES
303 W. Colfax Avenue, Suite 150,
Denver, CO 80204
303-640-3056

DISABILITY CENTER FOR INDEPENDENT LIVING
777 Grant Street, Suite 100
Denver, CO 80203
303-837-1020

DISABILITY LAW SOCIETY
303-871-6932

EASTER SEALS COLORADO
5755 W. Alameda Avenue
Lakewood, CO 80226
303-233-1666

EL GRUPO VIDA
P.O. Box 16347, Denver, CO 80216
303-657-0356

EPILEPSY FOUNDATION OF COLORADO
234 Columbine Street, Suite 333
Denver, CO 80206
303-377-9774

FAMILY VOICES
734 Jersey, Denver, CO 80220
303-399-6141 OR 303-773-0044

FEDERATION OF FAMILIES FOR CHILDREN'S MENTAL HEALTH
P.O. BOX 200188 Denver, CO 80220
303-329-3663

HALCYON HOUSE
1955 Arapahoe, Denver, CO 80202
303-296-1780

LEGAL CENTER FOR PEOPLE WITH DISABILITIES AND OLDER PEOPLE
455 Sherman Street, Suite 130
Denver, CO 80203
303-722-0300
1-800-288-1376
2829 North Avenue #205,
Grand Junction, CO 81501-1501
970-241-6371 or 1-800-531-2105
LONG TERM CARE OMBUDSMAN
303-722-0300

LEUKEMIA SOCIETY OF AMERICA
621 17th Street, Suite 320
Denver, CO 80293
303-239-9659

LITTLE PEOPLE OF AMERICA
7117 Euclid, Englewood, CO 80111
303-740-8555

MEDICAID CUSTOMER SERVICE INFORMATION LINE
303-866-3513 OR 1-800-221-3943
OFFICE OF APPEALS
303-866-5977

MILE HIGH DOWN SYNDROME ASSOCIATION
P.O. Box 620847, Littleton, CO 80162
303-797-1699

MUSCULAR DYSTROPHY ASSOCIATION
720 S. Colorado Boulevard, Suite 450
Denver, CO 80246
303-691-3331

NAMI COLORADO
1100 Filmore, Denver, CO 80206
303-321-3104

NATIONAL FEDERATION OF THE BLIND OF COLORADO
2232 S. Broadway, Denver, CO 80210
303-778-1130

NATIONAL MULTIPLE SCLEROSIS SOCIETY - COLORADO CHAPTER
700 Broadway, Suite 808
Denver, CO 80203
303-831-0700 Or 1-800-FIGHTMS

PARENTS ENCOURAGING PARENTS (PEP)
96 Gordon Lane, Castle Rock, CO 80104
303-688-4756

PARENTS OF VISUALLY IMPAIRED CHILDREN
2232 S. Broadway, Denver, CO 80210
303-778-1130

PATIENT ADVOCACY COALITION
850 E. Harvard Avenue, Suite 465
Denver, CO 80210
303-512-0544

PEAK PARENT CENTER
6055 Lehman Drive, Suite 101
Colorado Springs, CO 80918
719-531-9400 or 1-800-284-0251

PIKES PEAK CENTER ON DEAFNESS
2760 N. Academy Boulevard, Suite 202
Colorado Springs, CO 80917
719-591-2777

RESIDENTIAL ALTERNATIVES COALITION
1626 S. Robb Way
Lakewood, CO 80032-6146
303-986-0482

SANGRE DE CRISTO INDEPENDENT LIVING CENTER
803 W. 4th Street, Suites D&F
Pueblo, CO 81003
719-546-1271

SOUTHWEST CENTER FOR INDEPENDENCE
1474 N. Main Avenue, Suite 202
Durango, CO 81301
970-259-1672

SPEAKING FOR OURSELVES
899 Logan #311, Denver, CO 80203
303-831-7733

STATE INSURANCE COMMISSIONER'S CONSUMER AFFAIRS OFFICE
303-894-7490

TOURETTE SYNDROME ASSOCIATION
ROCKY MOUNTAIN REGION
1045 Lincoln Street, Suite 102
Denver, CO 80218
303-832-4166

UNITED CEREBRAL PALSY OF COLORADO, INC.
2200 S. Jasmine Street
Denver, CO 80222
303-691-9339
1-800-881-8272

WESTERN SLOPE NETWORK FOR CONSUMERS
P.O. Box 1468
Paonia, CO 81428
970-527-6760

Arcs / ACLs

All local chapters provide information and referrals to local resources. Their goal is to help people with disabilities and their families become knowledgeable about disabilities and the services and supports that are available. A variety of other services may be provided by individual chapters. If there is no chapter in your area, call the state office (number below).

ARC OF COLORADO
777 Grant Street, Suite 203
Denver, CO 80203
303-864-9334 (Metro area)
1-800-333-7690 (Outside Metro Denver)

ARC OF ADAMS COUNTY
8805 Fox Drive, Suite 100
Denver, CO 80221
303-428-0310

ARC OF ARAPAHOE/DOUGLAS
2275 E. Arapahoe Road, Suite #228
Littleton, CO 80122
303-794-9228

ARC OF AURORA
14111 E. Alameda, Suite 310
Aurora, CO 80012
303-344-5390

ACL IN BOULDER COUNTY
6897 Paiute Avenue
Longmont, CO 80503
303-447-2463

ARC OF DENVER
899 Logan, Suite 311
Denver, CO 80203
303-831-7733

ARC IN JEFFERSON COUNTY
8725 W. 14th Avenue, Suite 100
Lakewood, CO 80215
303-232-1338

ARC OF LAKE COUNTY
P. O. Box 317
Leadville, CO 80461
719-486-3239

ARC OF LARIMER COUNTY
P.O. Box 270817
Fort Collins, CO 80527-0817
970-204-1045

ARC OF MESA COUNTY
P.O. Box 2292
Grand Junction, CO 81502
970-245-5775

ARC OF THE PIKES PEAK REGION
12 N. Meade Avenue
Colorado Springs, CO 80909
719-633-4601

ARC OF PUEBLO
102 S. Union Avenue
Pueblo, CO 81003
719-545-5845

ARC OF THE SOUTHWEST
P.O. Box 228
Cortez, CO 81321

ARC OF WELD COUNTY
P.O. Box 5006
1025 9th Avenue, Suite 310
Greeley, CO 80631
970-353-5219

ASSISTIVE TECHNOLOGY INFORMATION

What is "Assistive Technology"? From a computer-based voice-output system to a Nintendo game with a hands-fre controller, Assistive Technology opens a world of opportunities for people with disabilities, and makes the world more accessible, manageable and enjoyable. It can be as simple as a switch-operated toy and as advanced as a voice recognition system for computer functions. It offers new solutions to people with a range of disabilities, from young children to senior citizens.

COLORADO ASSISTIVE TECHNOLOGY PROJECT
University Affiliated Program at the University of Colorado Health Sciences Center
The Pavilion
1919 Ogden A036-B140
Denver, CO 80218

303 864-5100 Voice 303-864-5110 TTY
1-800-255-3477 (Outside Metro Area)

If you need information on Assistive Technology, but you don't know where to go, call the Colorado Assistive Technology Project's toll-free Information and Referral Service

CAPRON REHABILITATION OF PENROSE HOSPITAL
719-776-5200
Assistive technology evaluation and/or training sessions which can be arranged for individuals needing communication devices or computer adaptations.

CHILDREN'S HOSPITAL
303-861-6250

COLORADO TALKING BOOK LIBRARY
180 Sheridan Boulevard
Denver, CO 80226
303-727-9277

EASTER SEALS COLORADO
5755 W. Alameda Avenue
Lakewood, CO 80226
303-233-1666

COMMUNITY CONNECTIONS
281 Sawyer Drive, Suite 200
Durango, CO 81301
970-259-2464

EAST CENTRAL BOCES
P.O. Box 910, Limon, CO 80828
719-775-2342

REHAB DESIGNS OF COLORADO
5855 Stapleton Drive N. Suite A-150
Denver, CO 80216
303-322-6544

SOUTHEASTERN COLORADO BOCES
P.O. Box 1137, Lamar, CO 81052
719-336-9046

CHILD FIND

Child Find is a free program within the public school systems designed to identify children from birth through five years who may have special needs. It provides evaluations and assessments including vision, hearing, speech, developmental and thinking skills.

SCHOOL DISTRICTS

ADAMS COUNTY:

DISTRICT 1 - MAPLETON
Child Find Coordinator
602 E. 64th Avenue, Denver, CO 80229
303-853-1153 or 1129

DISTRICT 12 - NORTHGLENN
Child Find Coordinator
10280 N. Huron, Northglenn, CO 80221
303-451-1173

DISTRICT 14 - COMMERCE CITY
Child Find Coordinator
4675 E. 69th Avenue
Commerce City, CO 80022
303-853-7892

DISTRICT 27J - BRIGHTON
Child Find Coordinator
630 S. 8th Street, Brighton, CO 80601
303-655-2900

DISTRICT 50 - WESTMINSTER
Child Find Coordinator
Early Childhood Center
8030 Irving, Westminster, CO 80030
303-428-1560

ARAPAHOE COUNTY:

DISTRICT 1 - ENGLEWOOD
Child Find Coordinator
3794 S. Logan, Englewood, CO 80110
303-781-7585

DISTRICT 2 - SHERIDAN
Child Find Coordinator
P.O. Box 1198, Englewood, CO 80150
303-761-0525

DISTRICT 5 - CHERRY CREEK
Child Find Team Leader
1855 S. Joliet, Aurora, CO 80012
303-338-1486

DISTRICT 6 - LITTLETON
Child Find Coordinator
The Village for Early Childhood Education
1907 W. Powers Avenue
Littleton, CO 80120
303-347-6980

DISTRICT 28J - AURORA
Child Find Coordinator
15701 E. First Avenue, Suite 204
Aurora, CO 80011
303-363-0484

BOULDER COUNTY:

DISTRICT RE1J - ST. VRAIN VALLEY
Child Find Coordinator
395 S. Pratt Parkway
Longmont, CO 80501
303-772-6649

DISTRICT RE-2 - BOULDER VALLEY
Child Find Coordinator
P.O. Box 9011, Boulder, CO 80301
303-447-5078
303-447-5263

DELTA COUNTY:

DISTRICT 50J - DELTA
Child Find Coordinator
1002 Hastings, Delta, CO 81416
970-874-7607

DENVER COUNTY:

DISTRICT 1 - DENVER
Child Find Coordinator
1330 Fox Street, 2nd floor
Denver, CO 80204
303-405-6601

DOUGLAS COUNTY:

DISTRICT RE-1 - CASTLE ROCK
Child Find Coordinator
312 Cantril Street, Castle Rock, CO 80104
303-814-5391

ELBERT COUNTY:

DISTRICT C-1 - ELIZABETH (ELBERT)
Child Find Coordinator, REECH Program
P.O. Box 610, Elizabeth, CO 80107
303-646-1848

EL PASO COUNTY:

All new referrals to Child Find in El Paso County should contact Resources for Young Children and Families at 719-577-9190

DISTRICT 2 - HARRISON
Child Find Coordinator
2948 E. Fountain Boulevard
Colorado Springs, CO 80910
719-579-3240

DISTRICT 3 - WIDEFIELD
Child Find Coordinator
930 Leta Drive
Colorado Springs, CO 80911
719-391-3080

DISTRICT 8 - FOUNTAIN
Child Find Coordinator
5506 Harr Avenue
Fort Carson, CO 80913
719-382-1699 ext. 7450

DISTRICT 11 - COLORADO SPRINGS
Child Find Coordinator
1115 N. El Paso
Colorado Springs, CO 80903
719-477-6020

DISTRICT 20 - ACADEMY
Child Find Coordinator
1130 W. Woodman Road
Colorado Springs, CO 80919
719-260-6600

FREMONT COUNTY:

DISTRICT RE-1 - CANON CITY
Child Find Coordinator
101 N. 14th Street
Canon City, CO 81212
719-269-6400

GUNNISON COUNTY:

DISTRICT RE-1J - GUNNISON WATERSHED
Child Find Coordinator
800 North Boulevard
Gunnison, CO 81230
970-641-7750

JEFFERSON COUNTY:

All Child Find referrals are processed by

WEILAND SCHOOL
3636 S. Independence Street
Lakewood, CO 80235
303-988-0883

LARIMER COUNTY:

All birth - three referrals to Child Find in Larimer County should contact:

RESOURCE ACCESS FOR FAMILIES WITH INFANTS AND TODDLERS
P.O. Box 270714
Fort Collins, CO 80527
970-229-0224

DISTRICT R-1 - POUDRE
Child Find Coordinator
703 E. Prospect, Ft. Collins, CO 80525
970-490-3033

DISTRICT R-2J - THOMPSON
Child Find Coordinator
807 West 33rd Street, Loveland, CO 80538
970-635-2628

DISTRICT R-3 - PARK
Child Find Coordinator
P.O. Box 1140, Estes Park, CO 80517
970-586-9529
970-586-2361 ext. 3182 (after hours)

LOGAN COUNTY:

DISTRICT RE-1 - VALLEY
Child Find Coordinator
415 Beattie, Sterling, CO 80751
970-522-3361

MESA COUNTY:

DISTRICT 51 - MESA COUNTY VALLEY
Child Find Coordinator
410 Hill Avenue
Grand Junction, CO 81501
970-243-2916

MOFFAT COUNTY:

DISTRICT RE-1 - MOFFAT
Child Find Coordinator
775 Yampa Avenue
Craig, CO 81625
970-824-7457

MONTROSE COUNTY:

DISTRICT RE-1J - MONTROSE
Child Find Coordinator
P.O. Box 219
Montrose, CO 81402
970-249-8302
970-249-2405

MORGAN COUNTY:

DISTRICT RE-3 - FORT MORGAN
Child Find Coordinator
300 Sherman Street
Ft. Morgan, CO 80701
970-867-2998

PUEBLO COUNTY:

DISTRICT 60 - PUEBLO (URBAN)
Child Find Coordinator
1101 Berkley Avenue
Pueblo, CO 81004
719-549-7393
DISTRICT 70 - PUEBLO (RURAL)
Child Find Coordinator
24951 Highway 50 East
Pueblo, CO 81006
719-542-0220 ext. 3034

WELD COUNTY:

All birth - six referrals to Child Find in Weld County should contact:
FAMILY CONNECTS
1024 Ninth Avenue, Suite E
Greeley, CO 80631
970-353-8616

DISTRICT RE-3J - KEENESBURG
Child Find Coordinator
P.O. Box 269, Keenesburg, CO 80643
303-654-1083

DISTRICT RE-4 - WINDSOR
Child Find Coordinator
P.O. Box 609, Windsor, CO 80550
970-686-7411
970-686-7409

DISTRICT 6 - GREELEY
Child Find Coordinator
811 15th Street, Greeley, CO 80631
970-352-1543 ext 218

BOARDS OF COOPERATIVE EDUCATIONAL SERVICES (BOCES)

Through BOCES, local school districts may enjoy new opportunities for providing programs geared to their specific needs, as well as access to expertise and materials. As an extension of local school districts, the BOCES may carry out those directives for service and program expansion authorized by participating school districts. In rural areas, Child Find may be found in BOCES.

ARKANSAS VALLEY BOCES:

School Districts: Cheraw, Crowley County, East Otero, Fowler, Las Animas, Manzanola, Rocky Ford, Swink

Child Find Coordinator
801 Chestnut Avenue
Rocky Ford, CO 81067
719-254-3531

CENTENNIAL BOCES:

School Districts: Ault-Highland, Briggsdale, Eaton, Gilcrest, Johnstown-Milliken, Pawnee, Platte Valley, Prairie

Child Find Coordinator
204 Main Street
LaSalle, CO 80645
970-284-6975
303-629-0994 (Denver Line)

EAST CENTRAL BOCES:

School Districts: Agate, Arickaree, Arriba-Flagler, Bennett, Bethune, Burlington, Byers, Cheyenne Wells, Deer Trail, Elizabeth, Genoa-Hugo, Hi-Plains, Karval, Kit Carson, Limon, Strasburg, Stratton, Woodlin

Child Find Coordinator
820 Second Street, Limon, CO 80828
719-775-2342 ext. 113

MOUNT EVANS BOCES:

Child Find Coordinators

CLEAR CREEK COUNTY
P. O. Box 3339
Idaho Springs, CO 80452
303-567-9733

GILPIN COUNTY
10595 Highway 119
Black Hawk, CO 80403
303-582-3444 ext. 336

PARK COUNTY
P.O. Box 295, Bailey, CO 80421
303-838-0837

MOUNTAIN BOCES:

School Districts: Aspen, Buena Vista, Eagle County, Garfield, Lake County, Park County, Roaring Fork, Salida, Summit

Child Find Contacts:

Chaffee County - 719-539-4510
Eagle County - 970-926-7070
Garfield County - 970-876-5768
Lake County - 719-486-6920
Park County - 719-836-4416
Pitkin County - 970-920-5420
Summit County - 970-468-6836

NORTHEAST COLORADO BOCES:

School Districts: Akron, Buffalo, East Yuma County, Frenchman, Haxtun, Holyoke, Julesburg, Lone Star, Otis, Plateau, Platte Valley, Valley, West Yuma County

Child Find Coordinator
P.O. Box 98
Haxtun, CO 80731
970-774-6152

NORTHWEST COLORADO BOCES:

School Districts: East Grand, Hayden, North Park, South Routt, Steamboat Springs, West Grand

Child Find Coordinator
P.O. Box 773390
Steamboat Springs, CO 80477
970-879-0391
1-800-748-2115

PIKES PEAK BOCES:

School Districts: Big Sandy, Calhan, Cheyenne Mountain, Cripple Creek-Victor, Edison, Elbert, Ellicott, Falcon, Fountain, Hanover, Harrison, Kiowa, Lewis-Palmer, Manitou Springs, Miami/Yoder, Peyton, Widefield, Woodland Park

Child Find Coordinator
4825 Lorna Place
Colorado Springs, CO 80915
719-570-7474

Falcon School District
719-570-7897
Lewis Palmer School District
719-488-4700
Manitou Springs School District
719-685-1235
Cheyenne Mountain School District
719-475-6100
Cripple Creek School District
719-689-2685
Woodland Park School District
719-687-9241

RIO BLANCO BOCES

Child Find Coordinator
402 W. Main Street, Rm 109
Rangely, CO 81648
970-675-2820

Child Find Coordinator
555 Garfield Street, PO Box 988
Meeker, CO 81641
970-878-4344

SAN JUAN BOCES:

School Districts: Archuleta County, Bayfield, Durango, Ignacio, Silverton

Child Find Coordinator
201 E. 12th Street
Durango, CO 81301
970-247-3261 ext. 151

SAN LUIS VALLEY BOCES:

School Districts: Alamosa, Centennial, Center, Creede Consolidted, Del Norte, Moffat, Monte Vista, Mountain Valley, North Conejos, Sanford, Sangre De Cristo, Sargent, Sierra Grande, South Conejos

Child Find Coordinator
P.O. Box 1198, 2261 Enterprise Drive
Alamosa, CO 81101
719-589-5851

SOUTH CENTRAL BOCES:

School Districts: Aguilar Reorganized, Branson Reorganized, Cotopaxi, Custer County, Florence, Hoehne Reorganized, Huerfano, La Veta, Primoro Reorganized, Pueblo City, Pueblo County Rural, Trinidad

Child Find Coordinator
415 Walsen Avenue
Walsenburg, CO 81089
719-544-3295

SOUTH PLATTE VALLEY BOCES:

School Districts: Brush, Fort Morgan, Weldon Valley, Wiggins

Child Find Coordinator
821 West Platte Avenue
Ft. Morgan, CO 80701
970-867-8297

SOUTHEASTERN BOCES:

School Districts: Campo, Eads, Granada, Holly, Kim Reorganized, Lamar, McClave, Plainview, Pritchett, Springfield, Vilas. Walsh, Wiley

Child Find Coordinator
703 S. Third Street, PO Box 1137
Lamar, CO 81052
719-336-9046 or 523-6920

SOUTHWEST BOCES:

School Districts: Dolores County, Dolores, Mancos, Montezuma-Cortez

Child Find Coordinator
121 E. First Street, PO Box 1420
Cortez, CO 81321
970-565-8411

UNCOMPAGHRE BOCES:

School Districts: Ridgway, Ouray, Telluride, Norwood, West End

Child Find Coordinator
P.O. Box 375
Ouray, CO 81427
970-864-7393
970-325-9815

COLORADO SCHOOL FOR THE DEAF & THE BLIND

Child Find Coordinator
33 N. Institute Street
Colorado Springs, CO 80903
719-578-2177

123

COMMUNITY CENTERED BOARDS

Community Centered Boards (CCBs) serve infants, teenagers and adults with developmental disabilities as well as families that have family members with developmental disabilities. There may be waiting lists for some services.

FAMILY SUPPORT SERVICES PROGRAM:

A flexible funding source assisting families to support their child at home. Each CCB has different criteria for what they assist families with and how much assistance is available.

This program is administered by all of the CCBs. Call your local CCB for eligibility determination.

A complete listing of all counties in Colorado is provided below. The names and addresses for all CCBs follow on the next page.

Adams
Alamosa
Arapahoe
Archuleta
Baca
Bent
Boulder
Chaffee
Cheyenne
Clear Creek
Conejos
Costilla
Crowley
Custer
Delta
Denver
Delores
Douglas
Eagle
Elbert
El Paso
Fremont
Garfield
Gilpin
Grant
Gunnison
Hinsdale
Huerfano
Jackson
Jefferson
Kiowa
Kit Carson
Lake
La Plata
Larimer
Las Animas
Lincoln
Logan
Mesa
Mineral
Moffat
Montezuma
Montrose
Morgan
Otero
Ouray
Park
Philips
Pitkin
Prowers
Pueblo
Rio Blanco
Rio Grande
Routt
Saguache
San Juan
San Miguel
Sedgwick
Summit
Teller
Washington
Weld
Yuma

ARKANSAS VALLEY COMMUNITY CENTER
15th & San Juan, P.O. Box 1130
La Junta, CO 81050
719-384-8741

Serves Western Bent, Crowley and Otero Counties.

BLUE PEAKS DEVELOPMENTAL SERVICES, INC.
703 Fourth Street
Alamosa, CO 81101
719-589-5135

Serves Alamosa, Conejos, Costilla, Mineral, Rio Grande and Saguache Counties.

CENTENNIAL DEVELOPMENTAL SERVICES INC.
1050 37th Street, P.O. Box 69
Evans, CO 80620
970-339-5360

Serves Weld County.

COLORADO BLUE SKY ENTERPRISES
115 W. 2nd Street, P.O. Box 5825
Pueblo, CO 81003
719-546-0572

Serves Pueblo County.

COMMUNITY CONNECTIONS
Serves Archuleta, Dolores, La Plata, Montezuma and San Juan Counties.

Durango Office:
281 Sawyer Drive
Durango, CO 81301
970-259-2464

Cortez Office:
317 E. Main, Cortez, CO 81321
970-565-9422

Pagosa Springs Office:
56 Talsman Drive
Pagosa Springs, CO 81147
970-731-5548

COMMUNITY OPTIONS
336 S. 10th, P.O. Box 31
Montrose, CO 81402
970-249-1412

Serves Delta, Gunnison, Hinsdale, Montrose, Ouray and San Miguel Counties.

DENVER OPTIONS
5250 Leetsdale Drive, Suite 200
Denver, CO 80246-1438
303-753-6688

Serves Denver County.

DEVELOPMENTAL DISABILITIES CENTER, INC.
1400 Dixon Avenue
Lafayette, CO 80026
303-665-7789

Serves Boulder County.

DEVELOPMENTAL DISABILITIES RESOURCE CENTER
7456 W. 5th Avenue
Lakewood, CO 80226
303-233-3363

Serves Clear Creek, Gilpin, Jefferson and Summit Counties.

DEVELOPMENTAL OPPORTUNITIES
601 Greenwood, P.O. Box 2080
Canon City, CO 81215-2080
719-275-1616

Salida Office:
203 E. Street
Salida, CO 81201
719-539-2577

Serves Chaffee, Custer and Fremont Counties.

DEVELOPMENTAL PATHWAYS
11111 E. Mississippi Avenue
Aurora, CO 80012
303-360-6600
Pathways Transit: 303-340-1122

Serves Arapahoe and Douglas Counties and the City of Aurora.

EASTERN COLORADO SERVICES FOR THE DEVELOPMENTALLY DISABLED
211 W. Main Street, P.O. Box 1682
Sterling, CO 80751
970-522-7121

Serves Logan, Morgan, Phillips, Sedgwick, Washington, Yuma, Cheyenne, Elbert, Kit Carson & Lincoln Counties.

FOOTHILLS GATEWAY
301 Skyway Drive
Fort Collins, CO 80525
970-226-2345

Serves Larimer County.

HORIZONS SPECIALIZED SERVICES
405 Oak Street, P.O. Box 774867
Steamboat Springs, CO 80477
970-879-4466

Serves Grand, Jackson, Moffat, Rio Blanco and Routt Counties.

MESA DEVELOPMENTAL SERVICES
950 Grand Avenue
Grand Junction, CO 81501
970-243-3702

Serves Mesa County.

MOUNTAIN VALLEY DEVELOPMENTAL SERVICES
700 Mt. Sopris Drive, P.O. Box 338
Glenwood Springs, CO 81602
970-945-2306

Serves Eagle, Garfield, Lake and Pitkin Counties.

NORTH METRO COMMUNITY SERVICES
1001 W. 124th Avenue
Westminster, CO 80234
303-457-1001

Serves Adams County

THE RESOURCE EXCHANGE
2375 N. Academy Boulevard
Colorado Springs, CO 80909
719-380-1100

Serves El Paso, Park and Teller Counties.

SOUTHEASTERN DEVELOPMENTAL SERVICES
1111 S. Fourth, P.O. Box 328
Lamar, CO 81052
719-336-3244

Serves Baca, Kiowa, Prowers and Eastern Bent Counties.

SOUTHERN COLORADO DEVELOPMENTAL DISABILITIES SERVICES
1205 Congress Drive, P.O. Box 781
Trinidad, CO 81082
719-846-4409

Serves Las Animas and Huerfano Counties.

CHILD CARE RESOURCES

The agencies and organizations listed in this section can provide various types of crisis assistance to individuals with disabilities and their families.

You can also call your local CCB (information on page 17 of this booklet for child care or respite assistance. The Family Support Program and Loan Fund are just two programs administered by CCBs that may be helpful to families in crises.

CORRA

(Colorado Office of Resource and Referral Agencies)

COFICC

(Colorado Options for Inclusive Child Care)

CORRA is a network of childcare resource and referral programs serving all Colorado counties. What is "inclusive childcare?" It is regularly scheduled and temporary (respite) care for children with special needs in typical settings: child care centers, family child care homes, preschools, school age, etc. Services are available for families who have children ages 0-18 years with developmental disabilities, delays and chronic or terminal illness. Services offer consumer education, tips on screening, interviewing and contracting with providers, referrals that reflect families' priorities, and problem solving when care options are limited or non-existent.

For program information, call CORRA at 303-290-9088. Se habla espanol.

OLATHE FAMILY TIES
P.O. Box 1350, 327 Main Street
Olathe, CO 81425
970-323-0124 or 1-800-530-2033

Serves Delta, Gunnison, Montrose, Ouray and San Miguel Counties.

MESA COUNTY RESOURCE & REFERRAL
835 N. 26th Street
Grand Junction, CO 81501
970-241-1764

Serves Mesa County.

SOUTHWEST EARLY CHILDHOOD NETWORK
La Plata Family Centers Coalition
P.O. Box 2451, 1309 3rd Avenue
Durango, CO 81302
970-385-4747

Serves Archuleta, Dolores, Hinsdale, La Plata, Montezuma and San Juan Counties.

SUMMIT COUNTY CCR&R AGENCY
P.O. Box 4854
Breckenridge, CO 80424
970-668-0442

Serves Summit and Lake Counties.

EAGLE VALLEY RESOURCE & REFERRAL SERV
The Resource Center of Eagle County
142 Beaver Creek Place
P.O. Box 2558
Avon, CO 81620
970-949-7097

Serves Eagle, Garfield and Pitkin Counties.

SAN LUIS VALLEY RESOURCE & REFERRAL OFFICE
Trinidad State Junior College
1011 Main Street
Alamosa, CO 81101
719-589-1513 or 1-800-411-8382

Serves Alamosa, Costilla, Conejos, Mineral, Rio Grande and Saguache Counties.

THE WOMEN'S CENTER
424 Pine Street, #201
Fort Collins, CO 80524-2424
970-484-1902

565 N. Cleveland Avenue, #2
Loveland, CO 80537
970-663-2288

Serves Larimer County.

CHILDREN'S SERVICES
City of Boulder
1600 28th Street, Suite 285
P.O. Box 791
Boulder, CO 80306
303-441-3180

Serves Boulder County.

FAMILY RESOURCES & CHILD CARE EDUCATION
Red Rocks Community College
13300 W. 6th Avenue
Lakewood, CO 80228-1255
303-969-9500 or 1-800-436-3665

Serves Jefferson, Clear Creek, Gilpin, and Park Counties.

CHILDREN FIRST
Pueblo Community College
Academic Building, 154F
900 W. Orman
Pueblo, CO 81004
719-549-3411 or 1-800-894-7707

Serves Chaffee, Custer, Huerfano, Fremont, Las Animas, Pueblo, Baca, Bent, Crowley, Otero and Prowers Counties.

WELD INFORMATION & REFERRAL SERVICE
1211 A Street, P.O. Box 2404
Greeley, CO 80632
970-330-7964 or 1-800-559-5590

Serves Weld County.

WORK & FAMILY RESOURCE CENTER
Community College of Denver
1391 N. Speer, #400
Denver, CO 80204
303-534-2625 or 1-800-288-3444

Serves Denver, Adams, Arapahoe and Douglas Counties.

CHILD CARE CONNECTIONS
304 S. 8th, #103G
Colorado Springs, CO 80905
719-634-6765 or 1-800-379-6765

Serves Elbert, El Paso, Teller, Cheyenne, Kiowa, Kit Carson and Lincoln Counties.

RURAL COMMUNITIES RESOURCE CENTER
P.O. Box #284
Yuma, CO 80759
970-848-3867 or 1-800-794-3867

Serves Morgan, Washington and Yuma Counties.

FAMILY CONNECTIONS
130 S. 4th Street
Sterling, CO 80751
970-522-9411

Serves Logan, Phillips and Sedgwick Counties.

CHILD CARE NETWORK
Family Development Center
P.O. Box 775376
Steamboat Springs, CO 80477
970-879-7330 or 888-879-7330

Serves Routt, Grand, Jackson, Moffat and Rio Blanco Counties.

FAMILY CENTER CONTACTS

Family Centers are to support all families in their communities. Some centers offer services on site and all of them are a link to other services in the community.

ACT CRAWFORD FAMILY RESOURCE CENTER
1600 Florence Street
Aurora, CO 80010
303-340-0880
County: Adams

ADAMS COUNTY SCHOOL #12
10280 N. Huron Street
Northglenn, CO 80221
303-451-1173
County: Adams

BLANCA/FT.GARLAND COMMUNITY CENTER
Route 1, Box 1980
Blanca, CO 81123
719-379-3450
County: Costilla

CENTER FOR THE PEOPLE OF CAPITOL HILL
1290 Williams Street
Denver, CO 80218
303-355-3052
County: Denver

CROSS COMMUNITY COALITION
FAMILY RESOURCE CENTER
2332 E. 46th Avenue
Denver, CO 80216
303-292-3203
County: Denver

DURANGO FAMILY CENTER
P.O. Box 2451
Durango, CO 81302
970-385-4747
County: La Plata

FOCUS POINTS FAMILY RESOURCE CENTER
2500 Curtis Street, Suite 213
Denver, CO 80205
303-292-0770
County: Denver

FREMONT COUNTY FAMILY CENTER
1401 Oak Creek Grade Road
Canon City, CO 81212
719-269-1523
County: Fremont

GLENDALE/HOLLY HILLS RESOURCE CENTER
4101 E. Louisiana, Suite G3
Denver, CO 80246
303-773-1184
County: Arapahoe

LOWRY FAMILY RESOURCE CENTER
1059 Yosemite Street
Aurora, CO 80010
303-340-7030
Area: Lowry Air Force Base
County: Arapahoe and Denver

MOUNTAIN FAMILY PROJECT, INC.
P.O. Box 425
Conifer, CO 80433
303-838-7552
County: Jefferson

OLATHE FAMILY TIES
302 Main Street
P.O. Box 1350
Olathe, CO 81425
970-323-0124
County: Montrose

PINON PROJECT FAMILY CENTER
34 E. Main
Cortez, CO 81321
970-564-1195
County: Montezuma

PRAIRIE FAMILY CENTER
1776 1/2 Martin Avenue
P.O. Box 684
Burlington, CO 80807
719-346-5398
County: Kit Carson

PUEBLO FAMILY CENTER
625 Monument
Pueblo, CO 81001
719-544-0488
County: Pueblo

RURAL COMMUNITIES RESOURCE CENTER
708 S. Cedar Street, P.O. Box 284
Yuma, CO 80759
970-848-3867
County: Washington

SOUTH AURORA FAMILY RESOURCE CENTER
2350-B S. Chambers Road
Aurora, CO 80013
303-671-9088
County: Arapahoe

SUMMIT COUNTY FAMILY RESOURCE CENTER
P.O. Box 4056
Dillon, CO 80435
970-262-2472
County: Summit

THE FAMILY CENTER
1311 N. College
Ft. Collins, CO 80524
970-221-1615
County: Larimer

WEST END FAMILY LINK
P.O. Box 602
Nucla, CO 81424
970-864-2245
County: Montrose

WASHINGTON COUNTY CONNECTIONS
233 Main, P.O. Box 543
Akron, CO 80720
970-345-2225
County: Washington

SUPPORTING FAMILIES

The following section contains resource and referral information and a list of support groups. (See advocacy also.)

RESOURCE AND REFERRAL:

4 PARENTS HELPLINE
1-800-288-3444
Denver Metro: 303-620-4444

A free information line sponsored by Community College of Denver Work and Family Resource Center for parents statewide. Provides support, information and referrals to all parents including parents of children with special needs.

ANGELMAN SYNDROME
970-223-7340
1-800-IF-ANGEL

ARTREACH
3400 W. 38th Avenue, Suite 200
Denver, CO 80211
303-433-2882
303-433-2730 (Events Hotline)

Works to increase opportunities for people with disabilities to enjoy the arts.

ATTACHMENT DISORDER PARENTS NETWORK
P.O. Box 18475, Boulder, CO 80308
303-443-1446

ATTENTION DEFICIT DISORDER ADVOCACY GROUP
1045 Lincoln, Suite 100
Denver, CO 80203
303-861-0267
303-675-5337 Information and Referral

A statewide organization providing information, professional referrals, support groups, school advocacy, coaching and training seminars for adults, parents, educators, physicians and psychologists. Publishes a monthly newsletter and materials on attention deficit issues.

BIG BROTHERS BIG SISTERS OF COLORADO
2420 W. 26th Avenue, Denver, CO 80211
303-433-6002

BIG BROTHERS BIG SISTERS FOUNDATION OF COLORADO
2420 W. 26th Avenue, Denver, CO 80211
303-433-6975

CARS HELPING KIDS
303- 433-3666

BOULDER CHILDREN'S SERVICES RESOURCE AND REFERRAL
303-441-3180

BRAIN INJURY ASSOCIATION OF COLORADO
6825 E. Tennessee Avenue #405
Denver, CO 80224
303-355-9969

BROTHERS REDEVELOPMENT
303-202-6340

Build accomodations for access.

CENTRAL AGENCY FOR JEWISH EDUCATION, PARENT TOT PROGRAM
300 S. Dahlia, Suite 101
Denver, CO 80246
303-321-3191

Interactive program for parents and activities for tots and siblings.

CHILD CARE INFORMATION AND REFERRAL SERVICE (WIRS)
970-330-7964

CHILDREN'S HOSPITAL DENTAL CLINIC
303-861-6788

CHILDREN/ADOLESCENTS WITH DUAL DIAGNOSIS
4441 Fortune Circle North
Colorado Springs, CO 80917
791-596-2543

CHILDREN/ADOLESCENTS/YOUNG ADULTS WITH DUAL DIAGNOSIS
1234 N. Meade
Colorado Springs, CO 80917
719-475-8048

COLORADO ADVISORY NETWORK
P.O. Box 3395, Littleton, CO 80161
303-721-0648
A 501c3 nonprofit organization that focuses on providing educational consultation to parents and educators of children with special needs.

COLORADO CROSS DISABILITY COALITION
P.O. Box 18874, Denver, CO 80218
303-839-1775

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT - FAMILY AND COMMUNITY HEALTH SERVICES DIVISION
4300 Cherry Creek Drive South
Denver, CO 80246-1530
303-692-2310

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT - FAMILY HEALTHLINE
303-692-2229
1-800-688-7777

COLORADO FOUNDATION OF DENTISTRY FOR THE HANDICAPPED
303-534-5297 (metro)
303-534-5326 (outside of metro)

COLORADO OFFICE OF RESOURCE AND REFERRAL AGENCIES (CORRA)
303-290-9088
Coordinates the statewide child care resource and referral system. (Also see the section in this book entitled "Child Care" for specific area numbers.)

DIAPERS EXPRESS
303-433-4513 or 232-7107
Offers discounted diapers and sizes that are typically hard to find..

131

DISABLED RESOURCE SERVICE
424 Pine #101, Ft. Collins, CO 80524
970-482-2700
970-407-7072 (TDD)

ESPERANZA/HOPE ASSISTANCE CENTER
719-589-5192

HEARING IMPAIRED KIDS ENDOWMENT
303-986-6705
Helps with hearing aids for middle income families.

HELEN KELLER CENTER FOR DEAF-BLIND YOUTH
1880 S. Pierce, Lakewood, CO 80232
303-934-9037

KELLY FOUNDATION
303-988-6053
Small grants for a few families.

KIND (KIDS IN NEED OF DENTISTRY)
2465 S. Downing Street, Suite 207
Denver, CO 80217
303-733-3710
Adams County: 303-288-6816
Arapahoe County: 303-783-7106
Aurora: 303-363-3050
Jefferson County: 303-982-8530
Denver County: 303-832-1160
Helping provide quality dental care to children up to the age of 18 in the Denver Metro area.

MAKE A WISH FOUNDATION
1241 S. Parker Road, Suite 100
Denver, CO 80231
303-750-9474
1-800-366-WISH (in state only)
Grants wishes for children 2 1/2 - 18 who have a life-threatening illness.

NATIONAL FOUNDATION OF DENTISTRY FOR THE HANDICAPPED
303-534-5360

PEAK PARENT CENTER
6055 Lehman Drive, Ste. 101
Colorado Springs, CO 80918
719-531-9400
1-800-284-0251
Offers free training and assistance to families of children with disabilities, educators, doctors, etc. Publishes a monthly calendar of parent support activities throughout Colorado.

RELAY COLORADO
1-800-659-2656 (TDD)
1-800-659-3656 (Voice)
Relay services for people with hearing impairments.

RURAL COMMUNITIES RESOURCE CENTER
P.O. Box 284, Yuma, CO 80759
970-848-3867
1-800-794-3867

SCOTTISH RITE FOUNDATION OF COLORADO
303-861-6800
Funding for language and learning disorders.

SERVICES FOR CHILDREN WITH DEAFBLINDNESS
Colorado Department of Education
Special Education Services Unit
201 E. Colfax, Rm 300, Denver CO 80203
303-866-6694 or 6681
Information and assistance for individuals who are Deafblind.

SHARE SW COLORADO
303-428-0400
Durango - 970-259-2464
Bayfield - 970-884-0539
Pagosa Springs - 970-731-5323
A statewide grocery buying organization. Shares bought for $16 and 2 hours volunteer service provides groceries worth $35

STARLIGHT CHILDREN'S FOUNDATION
720 S. Colorado Boulevard
Suite 350, South Tower
Denver, CO 80246
303-691-0700
Wishes are funded for children 4-18 years old who have severe, chronic, critical or terminal illness.

TECHNICAL ASSISTANCE CENTER ON THE AMERICANS WITH DISABILITIES ACT
1-800-949-4232
ADA information and materials, specialists to answer questions and ADA training

UNITED CEREBRAL PALSY ASSOCIATION OF COLORADO
2200 S. Jasmine Street, Denver CO 80222
303-691-9339
1-800-881-UCPA
Information and referral for all of Colorado, specific programs for Denver

UNITED CEREBRAL PALSY ASSOCIATION OF COLORADO SPRINGS
12 N. Meade, Colorado Springs, CO 80909
719-633-4601

UNITED PARENTS
303-861-6557
Organization for parents of premature and critically ill infants serving the greater Denver Metro area.

WELD INFORMATION AND REFERRAL SERVICES
1211 A Street, Greeley, CO 80631
970-352-9477

SUPPORT GROUPS

A HAND TO HOLD
515 Patterson Road
Grand Junction, CO 81506
970-248-6954
Children with special medical needs

AMERICAN DIABETES ASSOCIATION COLORADO AFFILIATE
2450 S. Downing Street
Denver, CO 80210
303-778-7556 or 1-800-782-2873

ANCHOR CENTER FOR BLIND CHILDREN
3801 Martin Luther King Jr. Boulevard
Denver, CO 80205
303-377-9732

ATTENTION DEFICIT DISORDER SUPPORT GROUP
303-690-7548 - Statewide
For individuals and families of children with ADD.

AUTISM SUPPORT GROUP FOR PARENTS
5031 W. Quarles Drive
Littleton, CO 80128
303-978-1440

CHINS UP
25 N. Farragut
Colorado Springs, CO 80909
719-475-0562
Parents of Teens

COLORADANS FOR FAMILY SUPPORT
P.O. Box 563, Louisville, CO 80027-0563
303-665-3897
A grassroots organization of families and others who gather information about the needs of families and raise awareness of the Governor, Legislature and citizens of Colorado to provide the necessary supports for families of children with challenging needs.

COLORADO PARENTS OF BLIND CHILDREN
(A division of the Federation of the Blind)
303-377-9021

COLORADO FAMILIES FOR HANDS AND VOICES
P.O. Box 371926, Denver, CO 80237
303-639-5806 or 303-499-9365
Support to families who have children who have deafness or hearing loss.

CONCERNED PARENTS
17355 W. 57th Avenue, Golden, CO 80403
303-271-9628
Parents of adult children with disabilities.

CO-PARENTING PROJECT
303-333-0845
1-800-451-5246
Support for adoptive parents of children with developmental disabilities.

DEAFBLIND INFORMATION, COLORADO DEPARTMENT OF EDUCATION
303-866-6681

EFFECTIVE PARENTS PROJECT (EPP)
101 S. 3rd Street, Suite 350
Grand Junction, CO 81501
970-241-4068
Family-centered information and support services to parents of children or adults who have developmental disabilities.

EL GRUPO VIDA
P.O. Box 16347, Denver, CO 80216
303-657-0356
Spanish speaking family support, information, advocacy.

FAMILIES FIRST
P.O. Box 441000-305
Aurora, CO 80014
303-745-0327
Crisis respite program, ages 3-12.

FETAL ALCOHOL SYNDROME/DRUG EXPOSED SUPPORT GROUP
303-764-8361

FOUNDATION FIGHTING BLINDNESS SUPPORT GROUP
6920 Hillridge Place, Parker, CO 80134
303-841-4202

FRAGILE X SUPPORT GROUPS
Metro Denver: 303-973-3581
Colorado Springs & Southern: 719-598-0983
Northern Colorado: 970-669-3147
Mountain Area: 970-926-3210

LEARNING DISABILITIES ASSOCIATION
303-894-0992

THE LISTEN FOUNDATION
300 E. Hampden Avenue, Suite 304
Englewood, CO 80110-2659
303-781-9440

MILE HI DOWN SYNDROME ASSOCIATION
P.O. Box 620847
Littleton, CO 80162
303-797-1699

MUSCULAR DYSTROPHY ASSOCIATION
720 S. Colorado Boulevard, Suite 450-S
Glendale, CO 80246
303-691-3331

NEUROFIBROMATOSIS CHAPTER SUPPORT GROUPS
P.O. Box 101357, Denver, CO 80250-1357
303-460-8313

PARENTS ENCOURAGING PARENTS (PEP)
303-688-4756

PARENT PARTNERS
P.O. Box 1198, Alamosa, CO 81101
719-589-5851
Offer 1:1 support to families who have a child with special needs. Monthly meetings.

PARENTS SUPPORT LINE
303-695-7996
Overall parent assistance.

PARENTS SUPPORT GROUPS
Littleton and Aurora
303-773-0044

PARENTS SUPPORT GROUP
Listen Foundation
3535 S. Sherman St. #100
Englewood, CO 80110
303-781-9440
Financial support and education for parents of children with hearing impairments.

PARENTS SUPPORTING PARENTS
Cortez
970-882-7391
Connections and information.

PEAK PARENT CENTER;
6055 Lehman Drive, Suite 101
Colorado Springs CO 80918
719-591-2777 or 1-800-284-0251
Resource center for parents and educators of children with disabilities throughout the state. Provides workshops and lending library of books and videos.

SIBLING SUPPORT GROUP
The Arc of Arapahoe and Douglas County
2275 E. Arapahoe Road, Suite 228
Littleton, CO 80122
303-794-9228
Support for sisters and brothers of children with disabilities.

SPINA BIFIDA ASSOCIATION
P.O. Box 22994
Denver, CO 80122
303-797-7870 or 303-756-5329

SUPPORT GROUP FOR CHILDREN WITH VISUAL CHALLENGES
303-690-2999

TOURETTE SYNDROME ASSOCIATION
1045 Lincoln Street, Suite 102
Denver, CO 80218
303-832-4166

TURNER SYNDROME SOCIETY
932 Riverview Place
Pueblo, CO 81006
719-542-6706

UNLIMBETED CHILD
3591 Mowry Place
Westminster, CO 80030
303-429-3577 or 303-443-1866

IN-HOME CARE

CHILDREN'S HOSPITAL HOME CARE
1056 E. 19th Avenue Box 215
Denver, CO 80218
303-573-1234

Transitional program includes: private duty nurses; visiting nurses; physical and occupational therapy; home infusion therapy; limited durable medical equipment; clinical consultation in the home; clinical personnel on call 24 hours; assistance with financial needs and use of community resources; medically fragile day-care center; social worker and pharmacy.

HOME CARE ALLOWANCE
Colorado Department of Health Care Policy & Financing
1575 Sherman Street, 5th Floor
Denver, CO 80203
303-866-5659

Services must be prescribed by a physician and be related to an illness or injury. Services include: nursing care; physical, occupational and speech therapy; home health aids with medical supplies; durable medical equipment and supplies. Eligibility is based on financial need.

Contact your county department of social services to apply. (Your individual physician can conduct an assessment to see if your child qualifies.) The home health provider must be a Medicaid approved agency.

PRIVATE DUTY NURSING
Colorado Department of Healthcare Policy and Financing
1575 Sherman Street, 4th Floor
Denver, CO 80203
303-866-3864

Child must be eligible for Medicaid, dependent on technological devices, and able to receive care at home. Care provided by registered nurse or licensed practical nurse. Hourly nursing provided

VISITING NURSE ASSOCIATION
390 Grant, Denver, CO 80203
303-744-6363

Skilled nursing care; physical, occupational and speech therapy; coordination of transition from hospital to home care; home dental care; medical social work; home health aid; telephone reassurance; medical equipment and supplies.

Services available in the following counties 24hours/day - 7 days/week:
Adams, Arapahoe, Boulder, Clear Creek, Denver, Douglas, Elbert, El Paso, Gilpin, Jefferson, Park, Pueblo and Teller.

Also see your yellow pages under Home Health Care.

INFORMATION & TRAINING

EFFECTIVE PARENTS PROJECT
255 Main St, Grand Junction, CO 81501
970-241-4068
Family-centered information, training and support services to parents of children or adults who have developmental disabilities.

GUARDIANSHIP ALLIANCE OF COLORADO
P.O. Box 740745
Arvada, CO 80006-0745
303-423-2898

MOBILIZING FAMILIES
ACL in Jefferson County
8725 W. 14th Ave., #100
Lakewood, CO 80215
303-232-1338

PARENTS ENCOURAGING PARENTS
96 Gordon Lane, Castle Rock, CO 80104
303-688-4756

PARTNERS IN LEADERSHIP
A leadership training program concerning disability issues for adults with disabilities and parents of children with disabilities. Partners in Leadership develops leaders who become actively involved in systems change promoting the full inclusion and active participation of people with disabilities in our society.
303-665-2145 or 1-800-569-1825

PEAK PARENT CENTER
6055 Lehman Dr. Suite 101
Colorado Springs CO 80918
719-531-9400 or 800-284-0251
Resource center for parents and educators of children with disabilities throughout the state. Provides workshops and lending library of books and videos.

POLICYMAKERS
An activist training program for people with disabilities and parents. Is is designed to give tools to participants that can be used to influence state, federal and local policy to better support people with disabilities. For more information call the Council.
303-894-2345

MEDICAL NEEDS

When you have a child with medical needs:

Find a physician or health care provider who works well with you and for you.

Call a Public Health Department regardless of your income—page 37.

Call all of your local hospitals and ask for age-appropriate specialists.

Find a professional or friend who is "out of the loop" to keep you on track.

Call Child Find—page 11. Look for advocacy and support groups—pages 6 and 25

Explore and evaluate your family's and child's needs.

Remember, your child is first a child
and second has a diagnosis.

Resources:

ASSISTIVE TECHNOLOGY
For information on computers and speechboards, refer to page 10.

BRAIN INJURY WAIVER
For Ages 16 and up; provides Medicaid benefits that promote early discharge from a hospital or rehabilitation environment.
303-866-6255

COLORADO UNINSURABLE HEALTH INSURANCE PLAN (CUHIP)
Provides health insurance to individuals including children who are denied health insurance by private carriers because of a pre-existing medical condition. Children eligible for Medicaid cannot enroll in CUHIP.
303-863-1960 or 1-800-672-8447

CHILD HEALTH PLAN +
Provides basic medical services to low-income children that are not eligible for Medicaid.
303-691-7601 or 7602
1-800-359-1991

DEVELOPMENTAL DISABILITIES SERVICES
3824 W. Princeton Circle
Denver, CO 80236
303-866-7450
Children's Medical Waiver
Provides Medicaid benefits to children who have developmental disabilities, or are at risk of hospitalization or nursing facility placement.

CHILDREN'S EXTENSIVE SUPPORT WAIVER
Provides Medicaid benefits and additional services and supports to children whose needs cannot be adequately met through the Children's Medical Waiver.

FAMILY HEALTH LIBRARY
Children's Hospital
1056 East 19th Avenue, 6th floor
Denver, CO 80218
303-861-6378
Offers information for in-depth research on medical conditions and health topics.

FEEDING CLINIC
Rose Pediatric Feeding Center
4500 E. 9th Avenue, Suite 320
Denver, CO 80220
303-320-7121
Children who experience poor growth, food refusal, gagging, choking, vomiting, or restricted variety or volume of foods may benefit from an assessment.

HOME AND COMMUNITY BASED MEDICAID WAIVER FOR CHILDREN (BIRTH-17)
Provides Medicaid benefits in the home or community without requiring a cognitive impairment as is necessary under the Children's Medical Waiver in Developmental Disabilities Services. The child must also be ineligible for SSI and Medicaid due to excess parental income and/or resources.
303-866-4770

HEALTH CARE PROGRAM FOR CHILDREN WITH SPECIAL NEEDS (HCP)

Colorado Department of Public Health and Environment
303-692-2370

Provides early identification, prevention and rehabilitative services to children birth to 21, whose families meet financial and diagnosis eligibility criteria.

HEALTH INSURANCE BUY IN (HIBI)

Colorado Department of Health Care Policy and Financing
303-866-2232

The Colorado Medicaid program can pay group health insurance premiums, copayments and deductibles for a Medicaid recipient if the health insurance plan costs Medicaid less than the total cost of the medical care itself. A recipient, covered under HIBI can still use Medicaid for needed medical services beyond those offered by the group health insurance plan. County Departments of Social Services can help you enroll if you are eligible.

MEDICAID

Colorado Department of Health Care Policy and Financing
303-866-3513 OR 1-800-221-3943

Call this number to determine how to proceed with an application.

RYAN WHITE INSURANCE CONTINUATION PROGRAM (RYAN WHITE HICP)

303-692-2737

Pays health insurance premiums only up to $200/month for individuals who are HIV/AIDS positive, have incomes at or below 300% of the federal poverty level and are not on Medicaid.

KAISER SCHOOL CONNECTIONS

Pilot health care plan for low-income uninsured school children allows limited number of children to receive full Kaiser Permanente benefits through 20 Denver, Adams County District 14 and Sheridan public schools.

303-344-7425

VOLUNTARY PRACTITIONER PROGRAM MARILLAC DENTAL CLINIC

GrandJunction
970-434-6987
MarillacClinic - Grand Junction
970-243-7803
Monfort Children's Clinic Greeley
970-352-8898

NEWBORN FOLLOW-UP

Children's Hospital in Denver for high risk infants; and Denver Health Medical Center for high risk, special needs clinic or kid care sick and after hours care.

REHABILITATION MEDICINE CLINIC

May include spinal, head, muscle, amputee, dorsal phizotomy, or electrodiagnosis. Call Children's Hospital in Denver, Poudre Valley Hospital in Ft. Collins, Health Care Program, or the North Colorado Medical Center in Greeley.

SEATING EVALUATIONS

For proper positions to function best, call the following hospitals:

Children's in Denver,
Memorial in Colorado Springs,
Health Care Program, St. Marys in Grand Junction

SWALLOW STUDY

May also include cleft palate information at Children's in Denver, Denver Health Medical Center, Rose in Denver, Health Care Program, Presbyterian/St. Lukes in Denver, Northern Colorado Medical Center and Poudre Valley.

Phone numbers:

Children's Hospital, Denver
303-861-8888

Memorial Hospital
Colorado Springs
719-365-5000

North Colorado Medical Center, Greeley
970-352-4121

Parkview Hospital, Pueblo
1-800-543-4046

Poudre Valley Hospital
Ft. Collins
970-495-7000

Presbyterian/St. Lukes Hospital, Denver
303-839-6000

Rose Medical Center, Denver
303-320-2121

St Mary's Hospital
Grand Junction
970-244-2273

MENTAL HEALTH ASSESSMENT AND SERVICE AGENCIES (MHASA)

BEHAVIORAL HEALTHCARE INCORPORATED (BHI)
6801 S. Yosemite Street, Suite 100
Englewood, CO 80112
303-889-4805 main + emergency
Serves: Adams, Arapahoe, Douglas, Aurora

MENTAL HEALTH CENTER OF BOULDER COUNTY
1333 Iris Avenue
Boulder, CO 80304
303-443-8500
303-447-1665 emergency 24 hours

Serves: Boulder

JEFFERSON CENTER FOR MENTAL HEALTH
5265 Vance Street
Arvada, CO 80002
303-425-0300 main + emergency

Serves: Jefferson, Clear Creek, Gilpin

NORTH RANGE BEHAVIOR HEALTH
1306 11th Avenue
Greeley, CO 80631
970-353-3686 main + emergency

Serves: Weld

PIKES PEAK-OPTIONS COLORADO HEALTH NETWORKS
220 Ruskin Drive
Colorado Springs, CO 80910
719-572-6100
719-635-7000 emergency 24 hours

Serves: El Paso, Park, Teller

SYCARE-OPTIONS COLORADO HEALTH NETWORKS
915 Fourth Street
Alamosa, CO 81101
719-587-0899
1-800-804-5008 emergency 24 hours

Serves: Alamosa, Baca, Bent, Chaffee, Conejos, Costilla, Crowley, Custer, Fremont, Huerfano, Kiowa, Lake, Las Animas, Mineral, Otero, Prowers, Pueblo, Rio Grande, Saguache

WEST SLOPE-OPTIONS COLORADO HEALTH NETWORKS
6916 Highway 82
P.O. Box 40
Glenwood Springs, CO 81602
970-945-2241
1-800-804-5008 emergency 24 hours

Serves: Archuleta, Delta, Dolores, Eagle, Garfield, Grand, Gunnison, Hinsdale, Jackson, La Plata, Mesa, Moffat, Montezuma, Montrose, Ouray, Pitkin, Rio Blanco, Routt, San Juan, San Miguel, Summit

Mental Health Centers

Denver Metro Area:

ADAMS COMMUNITY MENTAL HEALTH CENTER
8931 Huron Street
Thorton, CO 80221
303-287-8001

ARAPAHOE MENTAL HEALTH
6801 S. Yosemite
Englewood, CO 80112
303-797-9346
Crisis intervention 795-6187

ASIAN PACIFIC CENTER
1825 York
Denver, CO 80206
303-393-0304

AURORA COMMUNITY MENTAL HEALTH CENTER
14301 E. Hampden Avenue
Aurora, CO 80014
303-693-9500

CHILDREN'S HOSPITAL
Behavioral Science
1056 E. 19th Avenue
Denver, CO 80218
303-861-6200

COLORADO MENTAL HEALTH INSTITUTE
3520 W. Oxford Avenue
Denver, CO 80236
303-761-0220

JEFFERSON CENTER FOR MENTAL HEALTH
5265 Vance
Arvada, CO 80002
303-425-0300

MENTAL HEALTH CENTER OF BOULDER COUNTY
1333 Iris Avenue
Boulder, CO 80304
303-443-8500

MENTAL HEALTH CORPORATION OF DENVER
4141 E. Dickenson
Denver, CO 80222
303-504-6500

SERVICIOS DE LA RAZA
4055 Tejon Street
Denver, CO 80211
303-458-5851

Outside Denver Metro Area:

CENTENNIAL MENTAL HEALTH CENTER
Main Office: 211 W. Main, Sterling, CO 80751
970-522-4392
Akron: 970-345-2254
Burlington: 719-346-8183
Elizabeth: 303-646-4519
Ft. Morgan: 970-867-4924
Holyoke: 970-854-2114
Julesburg: 970-474-3769
Limon: 719-775-2313
Wray: 970-332-3133
Yuma: 970-848-5412

COLORADO MENTAL HEALTH INSTITUTE AT PUEBLO
1600 W. 24th Street
Pueblo, CO 81003
719-546-4000

COLORADO WEST MENTAL HEALTH CENTER
6916 Hwy 82, Box A
Glenwood Springs, CO 81601
970-945-2241

LARIMER COUNTY MENTAL HEALTH CENTER
P.O. Box 1190, 525 W. Oak Street
Ft. Collins, CO 80521
970-498-7610

MIDWESTERN COLORADO CENTER FOR MENTAL HEALTH
605 E. Miami
P.O. Box 1208
Montrose, CO 81402
970-249-9694

PIKES PEAK MENTAL HEALTH CENTER
Adults: 875 W. Moreno Avenue
Colorado Springs, CO 80905
719-572-6200
Children: 175 Parkside Drive
Colorado Springs, CO 80910
719-572-6300

SAN LUIS VALLEY COMPREHENSIVE COMMUNITY MENTAL HEALTH CENTER
1015 Fourth Street
Alamosa, CO 81101
719-589-3673

SOUTHEASTERN COLORADO FAMILY GUIDANCE AND MENTAL HEALTH CENTER, INC.
711 Barnes
La Junta, CO 81050
719-384-5446

SOUTHWEST COLORADO MENTAL HEALTH CENTER
281 Sawyer Drive, Suite 100, P. O. Box 1328
Durango, CO 81301
970-259-2162

SPANISH PEAKS MENTAL HEALTH CENTER
1304 Chinook Lane
Pueblo, CO 81101
719-545-2746

WELD MENTAL HEALTH CENTER
1306 11th Avenue
Greeley, CO 80631
970-353-3686

WEST CENTRAL MENTAL HEALTH CENTER
3225 Independence Road
Canon City, CO 81215
719-275-2351

PART C COORDINATORS

ADAMS COUNTY

ADAMS COUNTY EARLY CHILDHOOD CONNECTIONS
2727 92nd Avenue
Federal Heights, CO 80221
303-450-0852 or 1-800-278-0852

ARAPAHOE COUNTY

ARAPAHOE EARLY CHILDHOOD NETWORK
7600 East Arapahoe Road, #219
Englewood, CO 80112
303-773-0044

BOULDER COUNTY

BOULDER COUNTY EARLY CHILDHOOD CONNECTIONS COUNCIL
P.O. Box 1703
Boulder, CO 80306-1703
303-245-9177

DELTA/MONTROSE/OURAY COUNTIES

RICK NOLL
2091 E. Locust Road
Montrose , CO 81401
970-249-2878

DENVER COUNTY

DENVER EARLY CHILDHOOD CONNECTIONS
124 W. Fifth Avenue
Denver, CO 80204
303-744-9193

DOUGLAS COUNTY

DOUGLAS COUNTY EARLY CHILDHOOD CONNECTIONS
P.O. Box 261875
Highlands Ranch, CO 80163
303-840-9240

EL PASO COUNTY

RESOURCES FOR YOUNG CHILDREN AND FAMILIES
1120 N. Circle Drive, #19, Colorado Springs, CO 80909
719-577-9190

GARFIELD COUNTY

EARLY CHILDHOOD CONNECTIONS OF GARFIELD COUNTY
420 West Home
Silt, CO 81656
970-945-4545

JEFFERSON COUNTY

JEFFCO FIRST STEPS
701 Johnson Drive
Golden, CO 80401
303-273-1550

LARIMER COUNTY

RESOURCE ACCESS FOR FAMILIES OF INFANTS AND TODDLERS
P. O. Box 270714
Ft. Collins, CO 80527
970-229-0224

MESA COUNTY

CENTER FOR INDEPENDENCE
1600 Ute Avenue, #100
Grand Junction, CO 81501
970-241-0315

NORTHEAST COLORADO COUNTIES
(Cheyenne, Elbert, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Yuma)

PARENT PROFESSIONAL PARTNERSHIPS
P. O. Box 1682
Sterling, CO 80751
970-522-7121

PUEBLO COUNTY

COMMUNITY CONNECTIONS FOR FAMILIES
1101 Berkley Avenue
Pueblo, CO 81004
719-583-2459

SAN LUIS VALLEY COUNTY

SAN LUIS VALLEY BOCES
P. O. Box 1198
Alamosa, CO 81101
719-589-5851

SOUTHWEST COLORADO COUNTIES
(Archuleta, Dolores, La Plata, Montezuma)

COMMUNITY CONNECTIONS
56 Talisman Drive, Unit 5A
Pagosa Springs, CO 81147
970-731-5548

UPPER ARKANSAS TRI-COUNTY COALITION
(Chaffee, Custer, Fremont)

UPPER ARKANSAS TRI-COUNTY COALITION
101 N. 14th Street
Canon City, CO 81212
719-269-6400

WELD COUNTY

FAMILY CONNECTS
1024 – 9th Avenue, Suite E
Greeley, CO 80631
970-353-8616

ALL OTHER COUNTIES

RURAL COUNTY PROJECT
1580 Logan Street, Suite 315
Denver, CO 80203
303-837-8466 ext. 109

P.O. Box 2656
Vail, CO 81658
970-926-6015

PUBLIC HEALTH DEPARTMENTS

This section contains information on your local public health department, on your local county nurse/s, and on the agencies participating in "EPSDT" (Early Periodic Screening Diagnosis and Treatment)

Local Public Health Departments:

BOULDER COUNTY HEALTH DEPARTMENT
3450 Broadway, Boulder, CO 80304
303-413-7500

CHAFFEE COUNTY HEALTH DEPARTMENT
County Courthouse, P.O. Box 699
Salida, CO 81201
719-539-2124

CLEAR CREEK COUNTY HEALTH DEPARTMENT
P.O. Box 2000, 405 Argentine Street
Georgetown, CO 80444
303-534-5777

DELTA COUNTY HEALTH DEPARTMENT
255 West 6th Street, Delta, CO 81416
970-874-2165

DENVER DEPARTMENT OF HEALTH AND HOSPITALS
Public Health Division
605 Bannock, Denver, CO 80204
303-436-7200

DEPARTMENT OF ENVIRONMENTAL HEALTH
75 S. Frontage Road, Vail, CO 81657
970-479-2138

EL PASO COUNTY HEALTH AND ENVIRONMENT
301 S. Union, Colorado Springs, CO 80910
719-578-3199

FREMONT COUNTY HEALTH DEPARTMENT
615 Macon, Room B5
Canon City, CO 81212
719-275-7021

JEFFERSON COUNTY HEALTH AND ENVIRONMENT
260 S. Kipling, Lakewood, CO 80226
303-232-6301

LAKE COUNTY HEALTH DEPARTMENT
County Courthouse
P.O. Box 513, Leadville, CO 80461
719-486-1796

LARIMER COUNTY DEPARTMENT OF HEALTH & ENVIRONMENT
1525 Blue Spruce Drive
Fort Collins, CO 80524-2004
970-498-6700

LAS ANIMAS-HUERFANO COUNTIES DISTRICT HEALTH DEPARTMENT
412 Benedicta Avenue
Trinidad, CO 81082
719-846-2213

MONTEZUMA COUNTY HEALTH DEPARTMENT
County Annex Building
106 West North Street, Cortez, CO 81312
970-565-3056

MESA COUNTY HEALTH DEPARTMENT
515 Patterson Road
Grand Junction, CO 81506
970-248-6900

NORTHEAST COLORADO HEALTH DEPARTMENT
700 Columbine Street
Sterling, CO 80751
970-522-3741

OTERO/CROWLEY COUNTY HEALTH DEPARTMENT
13 West Third Street, Room 111
La Junta, Co 81050
719-383-3040

PARK COUNTY HEALTH DEPARTMENT
P. O. Box 216, Fairplay, CO 80440
719-836-2771

PITKIN COUNTY HEALTH DEPARTMENT
130 S. Galena, Aspen, CO 81611
970-920-5070

PUEBLO CITY-COUNTY HEALTH DEPARTMENT
151 Central Main Street
Pueblo, CO 81003
719-583-4300

ROUTT COUNTY HEALTH DEPARTMENT
Routt County Courthouse
P.O. Box 770087, 136 6th Street
Steamboat Springs, CO 80477
970-879-0185

SAN JUAN BASIN HEALTH DEPARTMENT
P.O. Box 140
3803 Main Street
Durango, CO 81302
970-247- 5702

TELLER COUNTY HEALTH DEPTARTMENT
P. O. Box 5079, Woodland Park, CO 80863
719-687-5250

TRI COUNTY HEALTH DEPARTMENT
Administrative Offices
7000 East Belleview, Suite 301
Englewood, CO 80111-1628
303-220-9200

WELD COUNTY HEALTH DEPARTMENT
1517 16th Ave. Ct., Greeley, CO 80631
970-353-0586

COMMUNITY NURSING SERVICES

ALAMOSA COUNTY NURSING SERVICE
403 Santa Fe, Alamosa, CO 81101
719-589-6639

BACA COUNTY NURSING SERVICE
700 Colorado Street, Springfield, CO 81073
719-523-6621

BENT COUNTY NURSING SERVICE
701 Park Avenue
Las Animas, CO 81054-1109
719-456-0517

CHAFFEE COUNTY NURSING SERVICE
209 East 3rd Street
Salida, CO 81201
719-539-4510

P.O. Box 37
Buena Vista, CO 81211-0724
719-395-8493

CHEYENNE COUNTY PUBLIC HEALTH
P.O. Box 38, 615 N. Fifth West
Cheyenne Wells, CO 80810-0038
719-767-5616

CLEAR CREEK COUNTY NURSING SERVICE
P.O. Box 2000, Courthouse
6th & Argentine, Georgetown, CO 80444
303-569-3251 ext. 301

Idaho Springs
303-569-3251 ext. 359

CONEJOS COUNTY NURSING SERVICE
P.O. Box 78, 19023 State Hwy. 285 So.
La Jara, CO 81140
719-274-4307

COSTILLA COUNTY NURSING SERVICE
P.O. Box 99, 613 Main Street
San Luis, CO 81152-0302
719-672-3332

CROWLEY COUNTY NURSING SERVICE
Courthouse Annex, Ordway, CO 81063
719-267-4750

CUSTER COUNTY NURSING SERVICE
c/o Custer County Medical Clinic
P.O. Box 120, 5th & Rosita
Westcliffe, CO 81252
719-783-2380

DOLORES COUNTY NURSING SERVICE
P.O. Box 368, 409 North Main Street
Dove Creek, CO 81324
970-677-2387

EAGLE COUNTY NURSING SERVICE
500 Broadway
Eagle, CO 81631
970-328-8815

230 Cody Lane
Basalt, CO 81621
970-927-3947

AVON CENTER BUILDING
P.O. Box 3419, 100 Benchmark
Avon, CO 81620
970-949-7026

ELBERT COUNTY NURSING SERVICE
P.O. Box 201, Kiowa, CO 80117
303-621-3144

FREMONT COUNTY NURSING SERVICE
172 Justice Center Road
Canon City, CO 81212
719-275-1510

GARFIELD COUNTY PUBLIC HEALTH NURSING SERVICE
902 Taugenbaugh, Suite 104C
Rifle, CO 81650
970-625-5200

109 8th Street, Suite 202
Glenwood Springs, CO 81601-4229
970-945-6614

GILPIN COUNTY NURSING SERVICE
2960 Dory Hill Road, Suite 120
Golden, CO 80403
303-582-5803

GRAND COUNTY NURSING SERVICE
P.O. Box 264, 613 1st Street
Hot Sulfur Springs, CO 80451
970-725-3288
Denver Line 303-447-9355

GUNNISON COUNTY PUBLIC HEALTH
321C North Main Street
Gunnison, CO 81230-2333
970-641-0209

HINSDALE COUNTY
Lake City Area Medical Center
P.O. Box 999, Lake City, CO 81235
970-944-2331

JACKSON COUNTY NURSING SERVICE
P.O. Box 355, 312 5th Street
Walden, CO 80480
970-723-8572

KIOWA COUNTY NURSING SERVICE
P. O. Box 414, 1206 Luther
Eads, CO 81036
719-438-5782

KIT CARSON COUNTY NURSING SERVICE
P.O. Box 70, 252 S. 14th
Burlington, CO 80807-0070
719-346-7158

LAKE COUNTY NURSING SERVICE
P.O. Box 626, 112 West 5th Street
Leadville, CO 80461
719-486-0118

LINCOLN COUNTY PUBLIC HEALTH
P.O. Box 125, 326 8th Street
Hugo, CO 80821-0125
719-743-2526

MINERAL COUNTY NURSING SERVICE
P.O. Box 425, 802 Rio Grande Avenue
Creede, CO 81130-0330
719-658-2416

MOFFAT COUNTY NURSING SERVICE
(Northwest Colorado VNA)
745 Russell Street, Craig, CO 81625
970-824-8233

MONTEZUMA COUNTY NURSING SERVICE
County Annex Building
106 West North Street, Cortez, CO 81321
970-565-3056

MONTROSE COUNTY NURSING SERVICE
East Office
P.O. Box 1289, 300 N. Cascade, Suite 2
Montrose, CO 81402-1444
970-249-6603

West Office
P.O. Box 39, 851 Main Street
Nucla, CO 81424
970-864-7319

NORTHWEST COLORADO VISITING NURSE ASSOCIATION AND HOSPICE
P.O. Box 770417, 135 6th Street
Steamboat Springs, CO 80477
970-879-1632

OURAY COUNTY NURSING SERVICE
Bin C, Courthouse, Ouray, CO 81427-0615
970-325-4670

PARK COUNTY
Silverheels Health Center
P.O. Box 329
824 Castello, Fairplay, CO 80440
719-836-2771 ext. 151

P. O. Box 336, 350 Bulldogger
Bailey, CO 80421-0336
303-838-7653

PITKIN COUNTY COMMUNITY HEALTH SERVICE
0405 Castle Creek Road, Suite 6
Aspen, CO 81611
970-920-5420

PROWERS COUNTY NURSING SERVICE
1001 South Main Street
Lamar, CO 81052-3838
719-336-8721

RIO BLANCO COUNTY NURSING SERVICE
209 East Main, Rangely, CO 81648-3048
970-675-8866

P.O. Box 1206, 538 Garfield
Meeker, CO 81641
970-878-4003

RIO GRANDE COUNTY PUBLIC HEALTH
925 Sixth Street, Rm 101
Del Norte, CO 81132
719-657-3352

SAGUACHE COUNTY NURSING SERVICE
P. O. Box 336, 220 S. Worth
Center, CO 81125
719-754-2773

SAN JUAN COUNTY NURSING SERVICE
c/o Silverton Clinic
P.O. Box 116, Silverton, CO 81433-0116
970-387-0242

SAN MIGUEL COUNTY NURSING SERVICE
P.O. Box 949
333 W. Colorado Avenue, Suite 315
Telluride, CO 81435
970-728-4289

SUMMIT COUNTY NURSING SERVICE
P. O. Box 2280, 120 South 4th Avenue
Frisco, CO 80443
970-668-5230

TELLER COUNTY PUBLIC HEALTH AND ENVIRONMENT
700 North A Street
Cripple Creek, CO 80813
719-689-2525

P. O. Box 5079, 540 Manor Court
Woodland Park, CO 80863
719-687-1404

Early and periodic screening, diagnosis and treatment (EPSDT) program coordinator agencies. EPSDT is a federally required benefit for all medicaid-eligible children from birth to age 21. Under EPSDT, children must receive screening and diagnostic services and any medically necessary treatments identified via EPSDT.

Type of Medical Care/Service

- Podiatrist services
- Optometrist services
- Chiropractor services
- Psychologist services
- Medical social worker (counseling)
- (Certified) Nurse anesthetist services
- Private duty nursing
- Clinic services
- Dental services
- Physical therapy
- Occupational therapy
- Speech, hearing & language (disorder) therapy
- Prescribed drugs
- Dentures
- Prosthetic devices
- Eyeglasses
- Diagnostic services
- Screening services
- Preventive services
- Rehabilitative services
- ICF/MR Services
- Inpatient psychiatric services
- Nursing facility services
- Emergency hospital services
- Transportation services
- Case management
- Personal Care Services

ADAMS COUNTY
Refer to Tri-County Health Department

ALAMOSA COUNTY NURSING SERVICES
719-589-6639

ARAPAHOE COUNTY
Refer to Tri-County Health Department

ARCHULETA COUNTY
Refer to San Juan Basin

BACA COUNTY NURSING SERVICES
719-523-6621

BENT COUNTY NURSING SERVICES
719-456-0517

BOULDER COUNTY HEALTH DEPARTMENT
303-413-7500
Longmont Office - 303-678-6171
Tri-Cities Office - 303-666-0515

CHAFFEE COUNTY NURSING SERVICES
719-539-4510

CHEYENNE COUNTY PUBLIC HEALTH
719-767-5616

CLEAR CREEK COUNTY NURSING SERVICES
303-569-3251 ext. 301

CONEJOS COUNTY NURSING SERVICES
719-274-4307

COSTILLA COUNTY NURSING SERVICES
719-672-3332

CROWLEY COUNTY NURSING SERVICES
Refer to Otero County

CUSTER COUNTY NURSING SERVICES
719-873-2380

DELTA COUNTY HEALTH DEPARTMENT
303-874-2165

DENVER COUNTY HEALTH & HOSPITALS
303-436-7200

DOLORES COUNTY NURSING SERVICES
970-677-2387

DOUGLAS COUNTY
Refer to Tri-County

EAGLE COUNTY NURSING SERVICES
303-328-8815
Avon Office - 303-949-7026
Basalt Office - 303-927-3947

ELBERT COUNTY NURSING SERVICES
719-541-2575
Kiowa Office 303-621-3144

EL PASO COUNTY DEPARTMENT OF HEALTH
719-578-3199

FREMONT COUNTY HEAD START
719-275-4435

GARFIELD COUNTY NURSING SERVICES
303-625-5200

GILPIN COUNTY NURSING SERVICES
303-582-5803

GRAND COUNTY NURSING SERVICES
303-725-3347

GUNNISON COUNTY PUBLIC HEALTH
303-641-0209

HINSDALE COUNTY
Lake City area medical center
303-944-2331

JACKSON COUNTY NURSING SERVICES
303-723-8572

JEFFERSON COUNTY DEPARTMENT OF HEALTH & ENVIRONMENT
303-232-6301
EPSDT Office - 303-271-4389

KIOWA COUNTY NURSING SERVICES
719-438-5782

KIT CARSON COUNTY NURSING SERVICES
719-346-7158

LAKE COUNTY NURSING SERVICES
719-486-0118

LA PLATA COUNTY
Refer to San Juan Basin

LARIMER COUNTY HEALTH DEPARTMENT
970-498-6755

LAS ANIMAS/ HUERFANO COUNTY
Las Animas County - 719-846-2213
Huerfano County - 719-738-2650

LINCOLN COUNTY PUBLIC HEALTH
719-743-2526

LOGAN COUNTY
Refer to Northeast Colorado Health Department

MESA COUNTY HEALTH DEPARTMENT
970-248-6900

MINERAL COUNTY NURSING SERVICES
719-658-2416

MOFFAT COUNTY NURSING SERVICES
303-824-8233

MONTEZUMA COUNTY
970-565-3056

MONTROSE COUNTY NURSING SERVICES
East Office - 303-249-6603
West Office - 303-864-7319

NORTHEAST COLORADO HEALTH DEPARTME
Logan County - 970-522-3741
Washington County - 970-522-3741
Morgan County - 970-867-4918
Phillips County - 970-854-2717
Sedgwick County - 970-474-2619
Yuma County - 970-332-4422

OTERO/CROWLEY COUNTY HEALTH DEPARTMENT
719-383-3040

OURAY COUNTY NURSING SERVICES
303-325-4670

PARK COUNTY NURSING SERVICES
719-836-2771 ext. 151

PITKIN COUNTY COMMUNITY HEALTH SERVICE
303-920-5420

PROWERS COUNTY NURSING SERVICES
719-336-8721

PUEBLO COUNTY HEALTH DEPARTMENT
719-583-4383

RIO BLANCO COUNTY NURSING SERVICES
Meeker Office - 970-878-4003
Rangley Office - 970-675-8866

RIO GRANDE COUNTY PUBLIC HEALTH
719-657-3352

ROUTT COUNTY
970-879-1632

SAGUACHE COUNTY NURSING SERVICES
719-754-2773

SAN JUAN BASIN HEALTH UNIT
La Plata County - 970-247-5702
Archuleta County - 970-264-2409

SAN MIGUEL COUNTY NURSING SERVICES
303-728-4289

SEDGWICK COUNTY
Refer to Northeast Colorado Health Department

SUMMIT COUNTY NURSING SERVICES
303-668-5230

TELLER COUNTY NURSING SERVICES
719-687-1404

TRI COUNTY HEALTH DEPARTMENT
303-220-9200
Adams County
303-452-9547
Arapahoe & Adams Counties
303-341-9370
Arapahoe & Douglas Counties
303-761-1340

WASHINGTON COUNTY
Refer to Northeast/Logan County

WELD COUNTY REHABILITATION & VISITING NURSE ASSOCIATION
303-352-5655

YUMA COUNTY
Refer to Northeast/Logan County

RECREATION

ACCESS TO RECREATION
1-800-634-4351
Adaptive sports equipment.

ADAMS CAMP
1553 Platte Street, Suite 308
Denver, CO 80202
303-477-7501
Day and week-long summer camps for children 3-8 and their families with occupational therapy, physical therapy and speech.

ADAPTIVE SPORTS CENTER
P.O. Box 1639
Crested Butte, CO 81224
970-349-2296

AMERICAN CAMPING ASSOCIATION ROCKY MOUNTAIN SECTION
303-778-0109 Ext. 286
1-800-428-2267
Lists a variety of camps including camps for children with disabilities.

AMERICAN DIABETES ASSOCIATION YOUTH CAMP
2450 S. Downing Street
Denver, CO 80210
303-778-7556

ANGELVIEW THERAPEUTIC HORSEMANSHIP CENTER
P.O. Box 295
Poncha Springs, CO 81242-0295
719-539-4381

ARSENAL ANGLERS
5831 Monaco
Commerce City, CO 80022
303-287-3304

ARTREACH
3400 W. 38th Avenue, Suite 200
Denver, CO 80211
303-443-2882
Hot Line for Events: **303-433-2730**
Work to increase opportunities for people with disabilities to enjoy the arts.

ASPEN CAMP SCHOOL FOR THE DEAF
P.O. Box 1494
Aspen, CO 81612
970-923-2511

AQUA/HYDROTHERAPY
MS Community Resources
2851 W. 52nd
Denver, CO 80221
303-433-6887

BEHAVIOR MODIFICATION ENRICHMENT PROGRAM
41603 Lakota Road
Parker, CO 80134
303-841-3828

BIG BROTHERS/BIG SISTERS
2420 W. 26th Avenue, Denver, CO 80211
303-433-6975
Call for a listing of programs throughout Colorado.

BOY SCOUTS OF AMERICA
1325 West Walnut Hill Lane
Irving, TX 75038
972-580-2000
Scouting for the Handicapped Service. Referrals and assistance to local troops.

BRECKENRIDGE OUTDOOR EDUCATION CENTER
P. O. Box 697
Breckenridge, CO 80424
970-453-6422
Wilderness adventures for people with varying abilities, disabilities and special needs, skiing, rafting, rock climbing, etc.

CAMP HOPE, CAMP SHARE, CAMP PROMISE
303-733-3736
United Methodist Church Camps, week-long camps for children with special needs, several locations throughout the state.

CHAMP CAMP (AMERICAN LUNG ASSOCIATION OF COLORADO)
1600 Race Street
Denver, CO 80206
1-800-LUNG USA or 303-388-4327
For children who must take medication to control their asthma.

CHILDREN'S DIABETES CAMP
2450 S. Downing Street
Denver, CO 80210
303-778-7556 ext. 312

COLORADO BOYS RANCH FOUNDATION
P.O. Box 681, 28071 Highway 109
La Junta, CO 81050
719-384-5981

COLORADO COUNCIL HANDICAP HORSEBACK RIDING
12583 Roundup Road
Parker, CO 80134
303-841-2438

COLORADO DIVISION OF PARKS AND OUTDOOR RECREATION

Colorado Springs South Region Office
719-471-0900
Denver Headquarters
303-866-3437
Grand Junction West Regional Office
970-255-6100

COLORADO FISHING HOTSPOTS
6060 Broadway
Denver, CO 80216
303-297-1192

COLORADO HEMOPHILIA CAMP
4200 E. 9th Avenue, Box C220
Denver, CO 80262
303-372-1753

COLORADO JUNIOR WHEELCHAIR SPORTS CAMP
1080 S. Independence Court
Lakewood, CO 80226
303-985-7525

COLORADO LION'S CAMP
28541 Highway 67 North, P.O. Box 9043
Woodland Park, CO 80866
719 687-2087
Week-long adventures for children and adults with special needs.

COLORADO THERAPEUTIC RIDING CENTER
11968 Mineral Road
Longmont, CO 80501
303-652-9131

CROSS BAR X YOUTH RANCH, INC.
2111 County Road 222
Durango, CO 81301
970-259-2716

DENVER PARKS AND RECREATION
SPECIAL NEEDS PROGRAM
1849 Emerson Street
Denver, CO 80218
303-839-4800

EASTER SEALS COLORADO
ROCKY MOUNTAIN VILLAGE
2644 Alvarado Road
Empire, CO 80438
303-892-6063 or 970-569-2333
Offers a variety of week-long camps and respite weekends.

EASTER SEALS COLORADO
WARM WATER THERAPY POOL
5755 W. Alameda
Lakewood, CO 80226
303-233-1666 or 1-800-875-4732
Staffed by qualified professionals and physical therapists. Group and individual settings.

FELLOWSHIP CAMP
P.O. Box 597
Black Hawk, CO 80422
303-642-3428

FRANCES HEIGHTS POOL
2626 Osceola
Denver, CO 80212
303-433-6268

GIRL SCOUTS OF THE USA
420 5th Avenue
New York, NY 10018
212-852-8000
Services for girls with disabilities. Referrals to local troops, training for leaders.

GOVE COMMUNITY SCHOOL
4050 E. 14th Avenue
Denver, CO 80220
303-399-6510
Summer day camp

GRIFFITH CENTER (DOUGLAS COUNTY)
P.O Box 95
Larkspur, CO 80118
303-681-2400

H BAR H HORSES FOR THE HANDICAPPED
P.O. Box 461
Lake George, CO 80827
719-748-3398

HANDICAPPED SPORTS PROGRAM
1056 E. 19th Avenue
Denver, CO 80218
303-861-6590

HIGHLANDS RANCH COMMUNITY ASSOCIATION
Abilities first program
303-471-8861

INTERNATIONAL LLAMA ASSOCIATION
7853 E. Arapahoe Court, #2100
Englewood, CO 80112
303-694-4728

KENT MOUNTAIN ADVENTURE CENTER
P.O. Box 835
Estes Park, CO 80517
970-586-5990
Courses arranged for special populations.

KIDLINK (AND OTHER SUMMER PROGRAMS)
Mapleton Center for Rehabilitation
311 Mapleton Avenue
Boulder, CO 80304
303 441-0526

MAKE-A-WISH FOUNDATION
1241 S. Parker Road, Suite 100
Denver, CO 80231
303-750-9474
1-800-366-WISH (in state only)
Grants wishes for children 21/2 - 18 who have a life-threatening illness.

MAPLETON THERAPY POOL
311 Mapleton
Boulder, CO 80301
303-441-0542

MEDIPLEX AQUATIC FACILITY
8451 Pearl Street
Thornton, CO 80229
303-286-5101

MOBILITY INTERNATIONAL USA
P. O. Box 10737
Eugene, OR 97440
541-343-1284
Dedicated to equal opportunities for persons with disabilities in international educational exchange, leadership development, disability rights, training and community service. Newsletter, videos, publications, exchange opportunities, etc.

MOUNTAIN TRAILS YOUTH RANCH
P.O. Box 649
Monte Vista, CO 81144
719-852-2477

MUSCULAR DYSTROPHY CAMP
720 S. Colorado Boulevard, Suite 450 S
Denver, CO 80246
303-691-3331

NATIONAL CAMPS FOR BLIND CHILDREN
4444 S. 52nd Street
Lincoln, NE 68516
402-488-0981

NATIONAL SPORTS CENTER FOR THE DISABLED IN WINTER PARK
P. O. Box 1290
Winter Park, CO 80482
970-726-1540
Summer (rafting, biking, hiking, sailing, camping) and winter (alpine and cross-country skiing, snow shoeing, snow boarding) recreation activities.

NORTH AMERICAN RIDING FOR THE HANDICAPPED ASSOCIATION
P. O. Box 33150, Denver, CO 80233
12041 Tejon Street, Suite 510
Westminster, CO 80234
303-452-1212 or 800-369-7433
Referrals to local groups.

NORTH METRO COMMUNITY SERVICES
1001 W. 124th
Westminster, CO 80234
303-252-7199
Coordination services for Adams County.

OUTDOOR BUDDIES
P. O. Box 37283
Denver, CO 80237
303-771-8216
Helps people with disabilities experience the "out-of-doors" by matching with a volunteer.

PARALYZED VETERANS OF AMERICA
1101 Syracuse
Denver, CO 80220
303-322-4402

PHAMALY (PHYSICALLY HANDICAPPED AMATEUR MUSICAL ACTORS LEAGUE)
P.O. Box 44216
Denver, CO 80201-4216
303-575-0005

PIKES PEAK THERAPEUTIC RIDING CENTER
6325 Sopresa Lane
Colorado Springs, CO 80920
719-495-3908

PRAYING HANDS RANCH THERAPEUTIC HORSEBACK RIDING
4825 Daley Circle
Parker, CO 80138-6029
303-841-4043

ROCKY MOUNTAIN ARSENAL US FISH AND WILDLIFE
Building 111, Commerce City, CO 80022
303-289-0232

SATURDAY CHALLENGERS
Denver Options and Denver Parks and Recreation
303-753-6688 or 303-839-4800
Recreational programs for adults with developmental disabilities.

SOUTH SUBURBAN PARK AND RECREATION DISTRICT
6631 S. University Boulevard
Littleton, CO 80121
303-798-5131

SPAULDING CENTER FOR SPINE AND ORTHOPEDIC REHABILITATION
125 E. Hampden
Englewood, CO 80110
303-788-6356

SPECIAL POPULATIONS SUMMER DAY CAMP
1020 Upham
Lakewood, CO 80215
303-275-3416

SPECIAL POPULATIONS PROGRAMS
12100 W. Alameda Parkway
Lakewood, CO 80228
303-987-2490

SPECIAL RELIGIOUS EDUCATION
3101 W. Hillside Place
Denver, CO 80219
303-934-1999
Sponsors Interfaith Conference on People Who Have Special Needs in Religious Education.

SPRAGUE LAKE ACCESSIBLE CAMP
970-586-1242
Reserved through the backcountry reservation office. An individual campsite in Rocky Mountain National Park accessible to people in wheelchairs.

THE SPECIAL CONNECTION, INC.
4142 S. Eliot Street
Englewood, CO 80110
303 789-1905
Travel Service

TALKING BOOK LIBRARY
180 Sheridan Blvd.
Denver, CO 80226
303-727-9277
Loans tape recorders and books on tape.

UNITED STATES NATIONAL PARK SERVICE
303-969-2000

ROCKY MOUNTAIN NATIONAL PARK
970-586-8506

VERY SPECIAL ARTS COLORADO
200 Grant Street, Suite 303C
Denver, CO 80203
303 777-0797
Programs and services to help people with disabilities experience the arts.

VOLUNTEERS FOR OUTDOOR COLORADO
600 S. Marion Parkway
Denver, CO 80209
303-715-1010

WILDERNESS ON WHEELS
3131 S. Vaughn Way #305
Aurora, CO 80014
303-751-3959
Wheelchair accessible camping and hiking

RESPITE

ACT FOR HEALTH
1385 S. Colorado Boulevard, Suite 620
Denver, CO 80222
303-757-4808
Private home care as well as Medicaid, Medicare and HCBS. Durable medical needs are available.

4 PARENTS HELPLINE
800-288-3444 or 303-620-4444
A free information line sponsored by Community College of Denver for parents statewide, M-F, 9-5. Has extensive information regarding services and programs for children with special needs.

CARRON CENTER
1050 S. Birch Street
Denver, CO 80246
303-759-5150
Respite care program for Denver metro area.

COLORADO OFFICE OF CHILD CARE SERVICES
1575 Sherman Street
Denver, CO 80203
303- 866-5958 or 800-799-5876

COLORADO OFFICE OF RESOURCE AND REFERRAL AGENCIES (CORRA)
303-290-9088
Coordinates the statewide child care resource and referral system. Helps parents find appropriate child care, helps providers with training and technical assistance, works with employers providing referrals and consultation for on-site child care, works with other community agencies to coordinate child care and family issues.

CRISIS RESPITE PROGRAM
P.O. Box 44100-305
Aurora, CO 80014
303-745-0327
Short term care for children (3-12) whose families are in stressful situations in the Metro area.

DAYBREAK ADULT DAY AND RESPITE SERVICES
3227 Chase Street
Wheat Ridge, CO 80034
303-235-6992
Overnight respite available on demand.

EASTER SEALS COLORADO
ROCKY MOUNTAIN VILLAGE
2644 Alvarado Road
Empire, CO 80438
303-892-6063
Offers a variety of week-long camps and respite weekends.

EASTER SEALS COLORADO
303-233-1666
Based on financial need.

FAMILY AND COMMUNITY TEAM
Boulder County Mental Health Center
7916 Niwot Road
Longmont, CO 80501
303-652-3140
Provides support services to families receiving Medicaid including respite care for children with serious emotional or behavioral challenges. Willing to consult with others on their model for meeting the needs of kids with mental illness.

FAMILIES FIRST
303-745-0327
Respite for parents who need a break. Also has parenting classes.

HEAD START
303-844-3106
Check with your local school district and County. If you can't locate one call 303-844-3106

JEFFERSON VOLUNTEER CAREGIVERS
INTERFAITH PROJECT CAREGIVERS
7456 W. 5th Avenue
Lakewood, CO 80226
303-233-3363 ext. 304
Friendly visits, respite, shared recreation, transportation, friendly phoning, shopping, yard work, minor house repairs, light housekeeping and personal business activities.

LONGMONT INTERFAITH RESPITE CAREGIVERS
P.O. Box 1412
Longmont, CO 80502-1412
303-776-5348

RESPITE CARE OF THE YAMPA VALLEY
745 Russell Street
Craig, CO 81625
970-824-8233
Steamboat springs
135 6th Street
Steamboat Springs, CO 80477
970-879-1632
Operated through the Visiting Nurse Association. Serves all children who have an Individualized Education Plan in Moffat and Routt Counties.

RESPITE CARE, INC.
400 Wood Street
Ft. Collins, CO 80521
970-484-1511
24-hour respite house for short term respite (up to 14 consecutive days) for families with a child with developmental disabilities in Larimer County.

RESPITE CARE PROGRAM
Developmental Disabilities Center
1343 Iris, Boulder, CO 80304
303-441-1090
Offers recreational classes and/or respite for ages 5 and up.

RESPITE TEMPS, INC.
29 N. Main Street
Brighton, CO 80601
303-659-6992
Serves seniors and people with disabilities, a few hours or several months.

REGALO DE TIEMPO
711 Berkeley
Alamosa, CO 81101
719-589-8773

SENIORS, INC.
RESPITE IN-HOME SUPPORT SERVICE
777 Grant Street, Suite 603
Denver, CO 80203
303-832-5565

STARKY INTERNATIONAL
1350 Logan Street
Denver, CO 80203
303-832-5510
Training and placement agency for household management, childcare, personal assistance, companions, nannies, etc.

TRANSPORTATION

ACCESS-A-RIDE, RTD
1600 Blake Street
Denver, CO 80202
303-292-6560
Access-A-Ride paratransit for individuals who can't use the bus: must go through certification interview.

AMBICAB
12 N. Meade
Colorado Springs, CO 80909
719-633-4677

AMERICAN RED CROSS
Provides transportation to medical appointments. Cost involved.

ARAPAHOE COUNTY
499 W. Belleview, Englewood, CO 80110
303- 781-5511

AURORA BRANCH
10450 E. 1st Avenue, Aurora, CO 80010
303-343-1294

DENVER COUNTY
444 Sherman Street, Denver, CO 80203
303-722-7474

JEFFERSON COUNTY
10030 W. 27th, Lakewood, CO 80215
303-237-7785

BOULDER ACCESS-A-RIDE
303-299-296

BOULDER PARATRANSIT SERVICE
303-447-9636

BUS (THE) PARATRANSIT SERVICE
1200 A Street, Greeley, CO 80631
970-350-9290

COLUMBINE INVACAB
2453 W. Church
Littleton, CO 80120
303-794-1911
Provides transportation to medical appointments and other destinations in the southeast and southwest Denver area. Hours are 8 a.m. – 4 p.m.

DIAL-A-RIDE
(Larimer County)
6570 Portner Road, Ft. Collins, CO 80525
970-224-6066

DURANGO LIFT
949 E. 2nd Avenue, Durango, CO 81301
970-385-2880

EAST CENTRAL COUNCIL OF LOCAL GOVERNMENTS PUBLIC TRANSIT SYSTEM
Cheyenne, Elbert, Kit Carson and Lincoln counties
P.O. Box 28, Stratton, CO 80836
719-348-5562 or 1-800-825-0208

INTERFAITH
3370 S. Irving Street
Englewood, CO 80110
303-789-0501
Provides transportation for the elderly and those who are disabled to medical appointments and grocery stores. Customers must be interviewed first. No cost involved.

MESABILITY
518 28 Road, Suite A-101
Grand Junction, CO 81501
970-245-2626

METRO/DENVER MOBILITY INC.
3650 Chestnut Place
Denver, CO 80216
303-292-6914

MOBILE ACCESS
2000 Bell Court
Lakewood, CO 80215
303-274-9895
Provides transportation for the elderly and those who are disabled in the Metro Denver area (covers a 50-mile radius). Cost involved on a private-pay basis.

NORTH DENVER ALLIANCE
2785 Speer Boulevard, Suite 238
Denver, CO 80211
303-433-7200
Provides transportation to medical appointments in the Metro Denver area. M-F 7 a.m. to 5 p.m. No cost to Medicaid patients.

THE OPPORTUNITY BUS
949 E. Second Avenue
Durango, CO 81301
970-247-3577
Door to door para transit for qualifying persons with disabilities as outlined in the Americans with Disabilities Act.

RICARDO FALCON MEMORIAL COMMUNITY CENTER
102 S. 6th Avenue
Brighton, CO 80601
303-659-5736

REGIONAL TRANSPORTATION DISTRICT (RTD)
Customer Services and Scheduling
1600 Blake Street #12
Denver, CO 80202
303-292-6560

SATURDAY SHOPPER
303-299-6503
RTD provides transportation for seniors and those who are disabled who are unable to use mainline bus/light rail service to destinations of their choice.

SPRINGS MOBILITY
2404 S. Hancock Expressway
Colorado Springs, CO 80910
719-392-2396
Provides transportation to people eligible under the Americans with Disabilities Act in Colorado Springs and many surrounding communities.

SUMMIT STAGE - BRECKENRIDGE
P.O. Box 68, Breckenridge, CO 80424
970-668-4161

TRANSITION

Transition is the process of moving from one age and system of support in your life to another. Examples are transitioning from toddler services to pre-school, from pre-school to school, and from high school to adult life and employment.

COLORADO DEPARTMENT OF EDUCATION
303-866-6721

SCHOOL TO CAREER
303-866-6715

VOCATIONAL REHABILITATION SERVICES
303-620-4152
Transition from High School to Adult Life

TRANSITION INFORMATION FROM BIRTH TO AGE 13
Information in the Colorado Developmental Disabilities Planning Council Library
303-894-2345

NATIONAL ORGANIZATIONS

AIDS HOT-LINE
1-800-342-2437

AMERICAN BLIND INSTITUTE
303-361-0035

AMERICAN CLEFT PALATE EDUCATION FOUNDATION
1-800-242-5338

AMERICAN COUNCIL OF THE BLIND
1-800-424-8666

AMERICAN DIABETES ASSOCIATION
1-800-232-3472

AMERICAN FOUNDATION FOR THE BLIND
1-800-232-5463

AMERICAN KIDNEY FUND
1-800-638-8299

AMERICAN LIVER FOUNDATION
1-800-223-0179

AMERICAN PARALYSIS ASSOCIATION
1-800-225-0292

AMERICAN TUBEROUS SCLEROSIS ASSOCIATION
1-800-225-6872

ANGELMAN SYNDROME
1-800-IF-ANGEL

THE ARC OF THE UNITED STATES
1-800-433-5255

ARTHRITIS FOUNDATION
1-800-283-7800

ASK-A-NURSE (CENTURA HEALTH SYSTEMS)
303-777-6877

AT & T ACCESSIBLE COMMUNICATIONS PRODUCTS CENTER
1-800-233-1222 or 800-896-9032 (TDD)

AUTISM SOCIETY OF AMERICA
1-800-3AUTISM

BEACH CENTER ON FAMILIES AND DISABILITIES
913-864-7600

BETTER HEARING INSTITUTE
1-800-327-9355

BRAIN INJURY ASSOCIATION HELP LINE
1-800-444-6443

CANCER INFORMATION SERVICE
1-800-422-6237

CAPTIONED FILMS FOR THE DEAF
1-800-237-6213

CENTER ON EDUCATION & TRAINING ON EMPLOYMENT AT OHIO STATE UNIVERSITY
1-800-848-4815

CHILDREN'S CRANIOFACIAL ASSOCIATION
1-800-535-3643

CHILDREN'S DEFENSE FUND
1-800-233-1200

COLORADO ASSISTIVE TECHNOLOGY INFORMATION AND REFERRAL
303-864-5100 or 1-800-255-3477

COLORADO LITERACY HOTLINE
1-800-367-5555

CORNELIA DE LANGE SYNDROME FOUNDATION
1-800-223-8355

CYSTIC FIBROSIS FOUNDATION
1-800-344-4823

EDUCATORS PUBLISHING SERVICE
1-800-225-5750

EPILEPSY FOUNDATION INFORMATION CENTER
1-800-332-1000

GOVERNOR'S OFFICE (CITIZENS ADVOCATE OFFICE)
1-800-283-7215

HEATH NATIONAL CLEARING HOUSE ON POST SECONDARY EDUCATION FOR INDIVIDUALS WITH DISABILITIES
1-800-544-3284

HEALTH ANSWERS (MEMORIAL HOSPITAL, COLORADO SPRINGS)
719-444-CARE

HEARING AIDE HELPLINE
1-800-521-5247

HELEN KELLER NATIONAL CENTER FOR DEAF-BLIND YOUTH
303-934-9037 (Voice/TDD)
516-944-8900

INTERNATIONAL DYSLEXIA SOCIETY INFORMATION REQUEST LINE
1-800-222-3123

INTERNATIONAL RETT SYNDROME ASSOCIATION
1-800-818-7388

JOB ACCOMMODATION NETWORK
1-800-526-7234

JUVENILE DIABETES FOUNDATION
1-800-223-1138

LEGAL CENTER
1-800-288-1376 (Voice/TDD)

LUNG LINE INFORMATION SERVICE AT NATIONAL JEWISH MEDICAL CENTER
1-800-222-LUNG

LUPUS FOUNDATION OF AMERICA
1-800-558-0121

MUMS (NATIONAL PARENT TO PARENT NETWORK)
920-336-5333

NATIONAL ADOPTION CENTER
1-800-862-3678

NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN (NAEYC)
1-800-424-2460

NATIONAL ASSOCIATION FOR HEARING AND SPEECH ACTION
1-800-638-8255 (TDD)

INTERNATIONAL ATTENTION DEFICIT DISORDER ASSOCIATION
1-800-487-2282

NATIONAL BRAILLE PRESS
1-800-548-7323

NATIONAL CENTER FOR STUTTERING
1-800-221-2483

NATIONAL CENTER FOR THE BLIND
1-410-659-9314

NATIONAL CENTER FOR LEARNING DISABILITIES
1-800-575-7373

NATIONAL CYSTIC FIBROSIS FOUNDATION
1-800-344-4823

NATIONAL DOWN SYNDROME CONGRESS
1-800-232-6372

NATIONAL DOWN SYNDROME SOCIETY
1-800-221-4602

NATIONAL FRAGILE X FOUNDATION
1-800-688-8765

NATIONAL INFORMATION CENTER FOR CHILDREN AND YOUTH WITH DISABILITIES (NICHCY)
1-800-695-0285

NATIONAL INFORMATION CLEARING HOUSE FOR INFANTS WITH DISABILITIES AND LIFE-THREATENING CONDITIONS
1-800-922-9234 (Voice and TTY)

NATIONAL SPASMODIC TORTICOLLIS ASSOCIATION

1-800-487-8385

NATIONAL EASTER SEAL SOCIETY

1-800-221-6827

NATIONAL EYE CARE PROJECT HELP-LINE

1-800-222-3937

NATIONAL FEDERATION OF THE BLIND

303-778-1130

NATIONAL HEALTH INFORMATION CENTER

1-800-336-4797

NATIONAL HEARING AID SOCIETY

1-800-521-5247

NATIONAL INFORMATION CENTER FOR CHILDREN AND YOUTH WITH DISABILITIES

1-800-695-0285

NATIONAL INFORMATION CENTER ON DEAFNESS

202-651-5051

202-651-5052 (TDD)

NATIONAL MUSCULAR DYSTROPHY ASSOCIATION

602-529-2000

NATIONAL MULTIPLE SCLEROSIS SOCIETY

1-800-344-4867

NATIONAL NEUROFIBROMATOSIS FOUNDATION INC.

1-800-323-7938

NATIONAL ORGANIZATION FOR RARE DISORDERS

1-800-999-6673

NATIONAL ORGANIZATION ON DISABILITY

202-293-5960

NATIONAL ASSOCIATION OF PARENTS OF THE VISUALLY IMPAIRED

1-800-562-6265

NATIONAL PARENT TO PARENT, SUPPORT AND INFO SYSTEM (NPIS)

1-800-651-1151

NATIONAL PARKINSON FOUNDATION

1-800-327-4545

NATIONAL REHABILITATION INFORMATION CENTER

1-800-346-2742

NATIONAL REYES SYNDROME FOUNDATION

1-800-233-7393

NATIONAL SPINAL CORD INJURY HOTLINE

1-800-526-3456

NATIONAL YOUTH CRISIS HOTLINE

1-800-448-4663

NATIONAL TUBEROUS SCLEROSIS ASSOCIATION

1-800-225-6872

PARENTS HEALTH LINE (CHILDREN'S HOSPITAL)

303-861-0123

PEAK PARENT TRAINING AND INFORMATION CENTER

1-800-284-0251

PRADER-WILLI SYNDROME ASSOCIATION

1-800-926-4797

RECORDING FOR THE BLIND

1-800-221-4792

RETINITIS PIGMENTOSA ASSOCIATION

1-800-344-4877

SHRINERS HOSPITAL

1-800-237-5055

SICKLE CELL DISEASE ASSOCIATION OF AMERICA

1-800-421-8453

SOCIAL SECURITY ADMINISTRATION

1-800-722-1213

SPINA BIFIDA ASSOCIATION OF AMERICA

1-800-621-3141

TRIPOD - SERVICE FOR THE HEARING IMPAIRED

1-800-352-8888

TOURETTE SYNDROME ASSOCIATION

1-800-237-0717

TURNER SYNDROME ASSOCIATION OF THE U.S.

1-800-365-9944

UNITED CEREBRAL PALSY ASSOCIATION

1-800-872-5827

UNITED SCLERODERMA FOUNDATION INC.

1-800-733-9671

24 HOUR NURSE CONSULTATION (COLUMBIA HEALTH SYSTEMS)

1-800-265-8624

24-HOUR MENTAL HEALTH AND REFERRAL LINE (COLUMBIA)

303-869-1999

Notes

Planning Matrix

The purpose of this matrix is to provide a thoughtful planning and organizational tool for developing local systems and services for children/youth with disabilities that incorporates parent's active participation and reflects a whole life perspective.

Educational Elements for Child Outcomes	**Systems**					
	Collaboration	**Information**	**Resources and Support Systems**	**Training**	**Public Awareness**	**Other**
Identification, Diagnosis and/or initial assessment	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):
	What (Content):	What (Content):	What (Content):	What (Content):	What (Content):	What (Content):
	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):
IEP, IFSP, and ITP Processes	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):
	What (Content):	What (Content):	What (Content):	What (Content):	What (Content):	What (Content):
	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):
Service Delivery	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):
	What (Content):	What (Content):	What (Content):	What (Content):	What (Content):	What (Content):
	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):
Curriculum and Instruction	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):
	What (Content):	What (Content):	What (Content):	What (Content):	What (Content):	What (Content):
	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):
Accountability	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):
	What (Content):	What (Content):	What (Content):	What (Content):	What (Content):	What (Content):
	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):
Other	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):
	What (Content):	What (Content):	What (Content):	What (Content):	What (Content):	What (Content):
	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):

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Sample 1: Early Childhood Department wants to develop specialized Child Find Team to assess children who are deaf/hard of hearing.

Planning Matrix

The purpose of this matrix is to provide a thoughtful planning and organizational tool for developing local systems and services for children/youth with disabilities that incorporates parent's active participation and reflects a whole life perspective.

Educational Elements for Child Outcomes	**Systems**					
	Collaboration	**Information**	**Resources and Support Systems**	**Training**	**Public Awareness**	**Other**
Identification, Diagnosis and/or initial assessment	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):
	What (Content):	What (Content):	What (Content):	What (Content):	What (Content):	What (Content):
	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):
IEP, IFSP, and ITP Processes	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):
	What (Content):	What (Content):	What (Content):	What (Content):	What (Content):	What (Content):
	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):
Service Delivery	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):
	What (Content):	What (Content):	What (Content):	What (Content):	What (Content):	What (Content):
	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):

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Educational Elements for Child Outcomes	Systems					
	Collaboration	Information	Resources and Support Systems	Training	Public Awareness	Other
Curriculum and Instruction	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):
	What (Content):	What (Content):	What (Content):	What (Content):	What (Content):	What (Content):
	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):
Accountability	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):
	What (Content):	What (Content):	What (Content):	What (Content):	What (Content):	What (Content):
	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):
Other	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):
	What (Content):	What (Content):	What (Content):	What (Content):	What (Content):	What (Content):
	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):

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Sample 2: School district preschool wants to develop collaborative effort between family home program and school based program for child with autism.

Planning Matrix

The purpose of this matrix is to provide a thoughtful planning and organizational tool for developing local systems and services for children/youth with disabilities that incorporates parent's active participation and reflects a whole life perspective.

Educational Elements for Child Outcomes	**Systems**					
	Collaboration	**Information**	**Resources and Support Systems**	**Training**	**Public Awareness**	**Other**
Identification, Diagnosis and/or initial assessment	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):
	What (Content):	What (Content):	What (Content):	What (Content):	What (Content):	What (Content):
	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):
IEP, IFSP, and ITP Processes	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):
	What (Content):	What (Content):	What (Content):	What (Content):	What (Content):	What (Content):
	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):
Service Delivery	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):
	What (Content):	What (Content):	What (Content):	What (Content):	What (Content):	What (Content):
	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):

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Educational Elements for Child Outcomes	Systems					
	Collaboration	Information	Resources and Support Systems	Training	Public Awareness	Other
Curriculum and Instruction	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):
	What (Content):	What (Content):	What (Content):	What (Content):	What (Content):	What (Content):
	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):
Accountability	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):
	What (Content):	What (Content):	What (Content):	What (Content):	What (Content):	What (Content):
	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):
Other	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):	Who (Participants):
	What (Content):	What (Content):	What (Content):	What (Content):	What (Content):	What (Content):
	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):	How (Strategies):

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What is...
The Consumer Involvement Fund?

The Consumer Involvement Fund provides funds for people with disabilities, their family members or their guardians to participate in conferences, training events, public forums, task forces, hearings and other similar activities.

Many policy, procedure and program decisions affecting the lives of people with disabilities are made without the involvement of the people who are most affected by those decisions. Often, people with disabilities and their families lack the opportunities to participate or do not have the experience or information which would make their participation the most meaningful it could be.

The Consumer Involvement Fund is designed to empower people with disabilities and their family members with the opportunities, experiences and information they need to meaningfully participate in the decisions that are being made which affect their lives.

The mission of the Colorado Developmental Disabilities Planning Council is to advocate in collaboration with and on behalf of people with developmental disabilities for the establishment and implementation of public policy which will further their independence, productivity and integration.

Who Can Apply To...
The Consumer Involvement Fund?

The Consumer Involvement Fund is designed to assist persons with disabilities, their family members and their guardians. In order to receive an award from the Consumer Involvement Fund, an applicant must be either:

☛ A person with a disability.

☛ A parent of a person with a disability. However, parents who work in the disability services field in a management or policy position will be considered a lower priority.

☛ A family member of a person with a disability.

☛ The guardian for a person with a disability.

How Do I Get My Money From...
The Consumer Involvement Fund?

The Consumer Involvement Fund must reimburse for actual expenses. This means that the Council cannot authorize a check to you before you actually attend or participate in the planned activity. Therefore, you need to save your receipts and request reimbursement after you return from the activity.

When you are approved for an award from the Consumer Involvement Fund, an award letter will be sent to you. Included in that award letter will be details on how you will be reimbursed from the Fund for your approved expenses.

How Much Can I Get From...
The Consumer Involvement Fund?

There are limits on how much the Consumer Involvement Fund can provide to any one individual per year. The limit is $300 per person, per year.

There are times when the Consumer Involvement Fund cannot support all of those who apply. The maximum amount available for any single activity or event cannot exceed $1,500, regardless of how many people apply. If the total amount of applications exceeds the $1,500 limit, the Council must decide who gets funded and who does not. The following criteria are applied:

HIGHEST PRIORITY	FIRST TIME USERS OF THE FUND
PRIORITY #2	FIRST TIME ATTENDEES AT THIS PARTICULAR ACTIVITY OR EVENT
PRIORITY #3	IF ATTENDANCE WOULD ENHANCE ETHNIC OR CULTURAL DIVERSITY
PRIORITY #4	APPLICANTS FROM RURAL AREAS
PRIORITY #5	FIRST COME, FIRST SERVED

Application Form...
The Consumer Involvement Fund

Name____ Date__________________
Address____
City____ Zip _______________
Phone____________________________________ Social Security__________________

Check Whichever Applies:

☐ I am a person with a disability
☐ My family member is a person with a disability
☐ I am the guardian for a person with a disability
____ Age of family member/child

Activity For Which You Are Seeking Funds to Attend:

____

Planned Activity:
Dates ____ *Location* ____________________

Have You Attended This Activity Before? ☐ Yes ☐ No

Have You Used the Consumer Involvement Fund Before? ☐ Yes ☐ No
If so, when? ____

Ethnic Status (optional) ☐ Hispanic ☐ Afro-American ☐ Asian-American
☐ American Indian ☐ Anglo

Financial Assistance is Needed For:

☐ Registration	$ ________	☐ Child Care	$ ________
☐ Attendant	$ ________	☐ Respite Care	$ ________
☐ Hotel	$ ________	☐ Meals	$ ________
☐ Mileage	$ ________	☐ Other	$ ________

TOTAL REQUEST
$__________

**This application sheet needs to be completed at least 30 days prior to the event and either mailed or sent by fax to the offices of the Colorado Developmental Disabilities Planning Council. The address and phone number for the Council are:*

Colorado Developmental Disabilities Planning Council
777 Grant Street, #304 Phone (Voice and TDD): (303) 894-2345
Denver, Colorado 80203 Fax (24 hour): (303) 894-2880